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UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

UNITED STATES OF AMERICA *ex rel*. x 12 Civ. 1750 (DAB) VINCENT FORCIER :

Plaintiff, <u>AMENDED COMPLAINT-IN-</u>

INTERVENTION OF THE

v. <u>United States</u>

COMPUTER SCIENCES CORPORATION and : THE CITY OF NEW YORK . : JURY TRIAL DEMANDED

Defendants. :

The United States, by its attorney, Preet Bharara, the United States Attorney for the Southern District of New York, alleges for its complaint as follows:

PRELIMINARY STATEMENT

- 1. This is a civil fraud enforcement action brought by the United States (the "Government") against defendants Computer Sciences Corporation ("CSC") and the City of New York (the "City" or "NYC" and, together with CSC, the "Defendants") under the False Claims Act, 31 U.S.C. §§ 3729-3733 (the "FCA"), and the common law.
- 2. As set forth below, from in or about 2008 to in or about 2012, the City and CSC (as the City's Medicaid billing agent) exploited the automatic defaulting capabilities of a computerized billing system CSC developed for the City to orchestrate billing three fraud schemes against Medicaid. The basic purpose of these fraud schemes was to enable the City to

increase the amount and speed of Medicaid reimbursements for early intervention program ("EIP") services. In two such schemes, the City and CSC used computer programs to circumvent Medicaid's "secondary payor" requirement, which required the City and CSC to exhaust private insurance coverage before submitting claims to Medicaid. In a third scheme, the City and CSC used a computer program to switch the ICD-9 diagnosis codes in Medicaid claims from what had been supplied by the providers rendering EIP services to a default ICD-9 code that they knew Medicaid would pay. In addition, CSC fraudulently induced Medicaid to authorize CSC to enroll as a billing agent by making false representations about its compensation arrangement with the City; CSC then submitted claims to Medicaid despite knowing that it was not complying with regulations material to Medicaid's acceptance and payment of the claims. As a result of these fraudulent acts, CSC and the City submitted tens of thousands of false claims to Medicaid and unlawfully obtained millions of dollars in Medicaid reimbursements. This action seeks treble damages sustained by, and civil penalties and restitution owed to, the Government as a result of these billing frauds.

3. Briefly, EIP services were available to children under three who (*i*) had been found to have developmental delays or (*ii*) had been diagnosed with medical conditions, such as autism and low birth weight, with a high probability of causing developmental delays. At all relevant times, EIP services for children in New York City were rendered by service providers under contracts with the City for providing such services. The City, in turn, was responsible for processing claims submitted by EIP service providers, paying the service provider when they submitted appropriate claims, and then seeking reimbursements from the appropriate funding sources, *i.e.*, first, private insurers; second, Medicaid; and, finally, the State's EIP funds.

Further, as a precondition for billing Medicaid for EIP services, the City and CSC both certified to Medicaid that they complied with applicable Medicaid policies and regulations and the data and information transmitted to Medicaid were accurate and complete. *See infra* ¶ 18-49.

- 4. As explained below, the City had a strong economic incentive to bill Medicaid for EIP services as much as possible and as soon as possible compared to private insurers, Medicaid typically issued payments more promptly, paid in full, and did not demand additional information; and, compared to the State's EIP funds, which only covered 49% of the cost of EIP services, Medicaid covered a larger share (typically the full amount) of the cost of EIP services. Indeed, the City not only set an annual target for the amount of Medicaid payments it expected to obtain for EIP services in each fiscal year, but also tied the amount of fees it paid CSC to the amount of Medicaid payments CSC obtained for the City. *See infra* ¶¶ 55-62. Here, each fraud scheme was designed to serve the City's and CSC's economic interests.
- 5. *In one fraud scheme*, CSC and the City submitted EIP claims to Medicaid without exhausting private insurance coverage. In tens of thousands of cases, CSC and the City had information indicating the child receiving EIP service had private insurance, but did not have a complete policy ID number. Instead of working to obtain correct policy ID numbers, CSC suggested, and the City agreed, to create a computer program to automatically insert 999-999-999 as the purported policy number in the private insurance claims for all these children. As CSC and the City expected, this practice resulted in the wholesale denial of those claims by private insurers. CSC and the City then went ahead and submitted claims for those services to Medicaid in violation of Medicaid's secondary payor requirement. *See infra* ¶¶ 70-78.
- 6. In another fraud scheme, CSC and the City sent tens of thousands EIP claims to private insurers and, then, without waiting for private insurers to adjudicate those claims, submitted them to Medicaid for payment. At the City's behest, CSC created computer programs to automatically "force claims out the door to Medicaid" if the private insurance claims for those services had not been adjudicated after a period of time (initially 90 days and later 120 days). In many cases, as CSC and the City knew, private insurance adjudication was delayed because the City chose not to devote resources to answer the insurers' questions. CSC nonetheless forced

those claims through to Medicaid by improperly applying a modifier (referred to as "0Fill"), even though, as CSC and the City knew, Medicaid permitted the use of the 0Fill modifier only in two scenarios – *one*, if the private insurer had a policy of not covering the service at issue, or, *two*, if the private insurer had adjudicated a claim but issued no payment – and neither was applicable. This scheme, thus, also violated Medicaid's "secondary payor" requirement. *See infra* ¶¶ 79-88.

- 7. In a third fraud scheme, CSC and the City submitted EIP claims to Medicaid with diagnosis information that (i) had not been supplied by the service-providers and (ii), in many cases, did not accurately reflect the conditions for which services had been rendered. Although the City and CSC knew that state law only authorized them to submit EIP claims to Medicaid "to the extent that" they received adequate diagnosis data from the service providers, they nonetheless created computer programs to identify provider-supplied ICD-9 codes that were likely to be rejected by Medicaid and to replace them with a generic code, 315.9, that they knew would be accepted by Medicaid. This scheme not only was in contravention of state law, but also caused Medicaid to receive claims with false descriptions of the conditions for which EIP services had been rendered. See infra ¶¶ 89-118.
- 8. As a result of these schemes, CSC and the City submitted tens of thousands of false claims to Medicaid that violated state laws and policies regarding Medicaid billing and, in many cases, contained inaccurate and false data. Indeed, when asked whether he had schemed with CSC to submit claims with false information to get Medicaid payments, the City's former EIP finance director repeatedly invoked his Fifth Amendment privilege. The Medicaid claims submitted under those schemes also were false because they contravened express certifications that the City and CSC each made to Medicaid on an annual basis, including certifications as to the accuracy of the data and information sent to Medicaid and as to their compliance with applicable state laws and policies.

- 9. In addition to the schemes summarized above, CSC also fraudulently induced Medicaid to approve its enrollment as a billing agent. Specifically, in 2008, CSC misrepresented to Medicaid the nature of its contract with the City and hid the fact that its compensation would be tied to how much it collected from Medicaid for the City. CSC concealed its incentive arrangement with the City from Medicaid even after it had learned that the incentives clause in the contract "was not [] appropriate" under Medicaid rules. After being approved as a Medicaid billing agent, CSC then submitted tens of thousands of EIP claims to Medicaid in violation of regulations that expressly conditioned claim submission by billing agents, like CSC, on their compensation *not* being related to how much they billed to or the amount collected from Medicaid. *See infra* ¶ 119–126.
- 10. Finally, these instances of fraudulent conduct were far from isolated events; instead, they were part and parcel of a general practice at CSC and the City to blatantly disregard their obligations to comply with Medicaid billing requirements. *See infra* ¶¶ 127-137.

JURISDICTION AND VENUE

- 11. This Court has subject matter jurisdiction over the Government's claims under the FCA pursuant to 28 U.S.C §§ 1331 and 1345, and over the Government's common law claims pursuant to 28 U.S.C § 1345.
- 12. This Court may exercise personal jurisdiction over the City and CSC, and venue is proper in this District pursuant to 31 U.S.C. § 3732(a), as well as 28 U.S.C. §§ 1391(b) and 1391(c), because, in furtherance of their billing fraud schemes, the City and CSC submitted, caused to be submitted, and/or conspired to submit false claims to Medicaid in this District and, as to the City, because it resides in this District.

THE PARTIES

13. Plaintiff is the United States. Through its agency the United States Department of Health and Human Services ("HHS"), the Government provides funding for the Medicaid

program, including Medicaid in New York State.

- 14. Defendant New York City is a municipal corporation. During all relevant times, the City, through its Department of Health and Mental Hygiene ("DOHMH"), assumed responsibility for paying service providers for EIP services rendered to children in New York City and then seeking reimbursement from funding sources, including Medicaid.
- 15. Defendant CSC is an information technology firm that is incorporated in Nevada and has its headquarters in Falls Church, Virginia. As relevant here, CSC, through its Early Intervention Product group based in Overland Park, Kansas, served as the City's fiscal agent for the EIP program. As the City's fiscal agent, CSC's responsibilities included processing and paying claims submitted by EIP service providers and then submitting claims to funding sources, including Medicaid, to seek reimbursement.

THE FALSE CLAIMS ACT

- 16. The FCA reflects Congress's objective to "enhance the Government's ability to recover losses as a result of fraud against the Government." S. Rep. No. 99-345, at 1 (1986); reprinted in 1986 U.S.C.C.A.N. 5266. As relevant here, the FCA establishes treble damages liability to the Government for any entity or individual that:
 - (i) "knowingly presents, or causes to be presented, to an officer or employee of the United States Government ... a false or fraudulent claim for payment or approval," 31 U.S.C. § 3729(a)(1) (2000) and, as amended, 31 U.S.C. § 3729(a)(1)(A);
 - (ii) "knowingly makes, uses, or causes to be made or used, a false record or statement material to a false or fraudulent claim", id. § 3729(a)(1)(B); or
 - (iii) "conspires to defraud the Government by getting a false or fraudulent claim allowed or paid," *id.* § 3729(a)(3)(1986), and, as amended, 31 U.S.C. § 3729(a)(1)(C).

On May 20, 2009, the False Claims Act was amended pursuant to Public Law 111-21, the Fraud Enforcement and Recovery Act of 2009 ("FERA"). Section 3729(a)(1)(B) was formerly Section 3729(a)(2), and is applicable to defendants' conduct for the entire time period alleged in

In addition to treble damages, the FCA also provides for the assessment of a civil penalty for each violation or each false claim.²

17. "Knowing," within the meaning of the FCA, is defined to include reckless disregard and deliberate indifference. *Id.* Thus, parties doing business with the Government cannot seek to evade liability by avoiding knowledge of fraud; instead, the FCA requires them to make an inquiry "to [e]nsure that the claims they submit are accurate." S. Rep. No. 99-345, at 7.

THE EARLY INTERVENTION PROGRAM AND MEDICAID'S COVERAGE OF EIP SERVICES

I. <u>EIP Services in New York State</u>

- 18. The EIP program in New York State (and other states) originated from the promulgation of the Individuals with Disabilities in Education Act, 20 U.S.C. § 1401 *et seq.* (the "IDEA"), in 1986.
- 19. Specifically, in enacting Part C of the IDEA, Congress identified the need "to enhance the development of infants and toddlers with disabilities [] and to minimize their potential for developmental delay." 20 U.S.C. § 1431(a)(1). To address that need, Congress established a framework for the Government "to provide financial assistance to States" to "develop and implement" integrated systems for providing "early intervention services for infants and toddlers with disabilities and their families." *Id.* § 1431(b)(1).
- 20. In New York, SDOH is the lead agency for promulgating rules and regulations for the administration of the EIP program. N.Y. Pub. Health L. §§ 2542, 2559-b.

A. Medical Conditions for Which EIP Services May Be Provided

21. For purposes of EIP, the IDEA defines an "infant or toddler with a disability" as

the complaint by virtue of Section 4(f) of FERA, while the pre-FERA versions of §§ 3279(a)(1) and 3279(a)(3) (as amended in 1986), remain applicable here for conduct prior to May 20, 2009.

Pursuant to the Federal Civil Penalties Inflation Adjustment Act of 1990, as amended by the Debt Collection Improvement Act of 1996, 28 U.S.C. § 2461 (notes) and 64 Fed. Reg. 47099, 47103 (1999), the FCA civil penalties are \$5,500 to \$11,000 for violations, such as those alleged here, occurring on or after September 29, 1999.

a child "under 3 years of age" who *either* "(i) is experiencing developmental delays" in "cognitive development, physical development, communication development, social or emotional development, and adaptive development;" *or* "(ii) has a diagnosed physical or mental condition that has a high probability of resulting in developmental delay." 20 U.S.C. § 1432(5). In New York, state regulations similarly use those two criteria for determining whether a child has "a disability" that qualifies him or her for EIP services. 18 N.Y.C.R.R. § 69-4.23(a)(1), (2).

- 22. In December 1999, SDOH, the state agency responsible for administering the EIP program in New York State, issued public guidance, EIP Memorandum 1999-2, to offer clarification on determining children's eligibility based on a diagnosed condition that likely will lead to development delay. As SDOH explained in that memorandum, when a child had certain "diagnosed conditions," that child could be eligible for EIP services even "if he/she is currently developmentally age-appropriate," *i.e.*, not having a developmental delay.
- 23. In EIP Memorandum 1999-2, SDOH identified more than 50 specific diagnoses that represented "conditions with a high probability of developmental delay" and, thus, were appropriate for qualifying children for EIP services even in the absence of developmental delay. Those conditions included common diagnoses such as attention deficit disorder (with or without hyperactivity), cleft palate, autism, pervasive developmental disorder, and low birth weight.

B. Provision of Services under New York State's EIP Program

- 24. In New York, a child potentially eligible for EIP services was required to undergo a multi-disciplinary evaluation to determine the child's eligibility and the appropriate services that child should receive.
- 25. A child determined to be EIP-eligible was then given an Individualized Family Service Plan ("IFSP") that described the EIP services to be delivered, including the types and durations of services, the frequency of such services, and the location for those services. *See* 18

N.Y.C.R.R. § 69-4.11(a)(10). In New York, EIP program covered services such as audiology, nursing, physical therapy, psychological services, and speech therapy. *See id.* § 69-4.1(a)(2).

26. In New York, state law specified that EIP services must be provided by "qualified personnel." N.Y. Pub. Health L. § 2541(7)(e) (2003). Further, SDOH regulations required an EIP service provider to, among other things, receive approval from SDOH. *See* 18 N.Y.C.R.R. § 69-4.5.

II. The City's Obligations with Regard to Seeking Private Insurance and Medicaid Coverage for EIP Services

- 27. By statute, New York State established a legal framework for funding EIP services. *See* N.Y. Pub. Health L. §§ 2557, 2559. Under that framework, coverage for EIP services should first be sought from private insurers and then from Medicaid. During the times relevant here, costs of EIP services not covered by private insurance or Medicaid were the shared financial responsibility of the State and the relevant municipality. *See* N.Y. Pub. Health L. § 2557(2) (2003) (amended 2013). The City's share of the costs of EIP services for children in New York City was 51%, whereas the State contributed the other 49% from its EIP funds.
- 28. State law also delineated who was responsible for seeking private insurance and Medicaid coverage. The EIP service providers had the obligation "in the first instance" to "seek payment from all third party payors including governmental agencies prior to claiming payment from a given municipality for [EIP] services rendered to eligible children." *Id.* § 2559(3)(a) (2006) (amended Mar. 30, 2012).
- 29. But, under certain conditions, State law allowed an EIP service provider to bill a municipality directly and also authorized the municipality to pay the providers and then seek private insurance and Medicaid coverage for those claims. Specifically, section 2559(3)(a) of the Public Health Law specified that, "to the extent that the [service] provider ha[d] promptly furnished to the municipality adequate and complete information necessary to support the

municipality billing," the municipality "shall be deemed the provider of such early intervention services" for purposes of "seeking payment from [Medicaid] or other third party payors." *Id*. (emphasis added).

30. Finally, if a municipality, like the City, took on the responsibility for paying EIP service providers first and then seeking insurance coverage in their stead, State regulations specified that the municipality must first seek private insurance coverage before seeking coverage from Medicaid or payment from the State of its 49% share of the costs not covered by private insurance or Medicaid. *See* 18 N.Y.C.R.R. § 69-4.22(a) ("Municipalities *shall* in the first instance and where applicable, seek payment from private third party insurers, *prior to* claiming payment from Medicaid or the [State] Department of Health") (emphasis added).

III. The Medicaid Program in New York State

31. Medicaid is a joint federal-state program created in 1965 that provides health care benefits for certain groups, primarily the poor and disabled. The federal portion of each state's Medicaid payments, known as the Federal Medical Assistance Percentage ("FMAP"), is based on the state's per capita income compared to the national average. *See* 42 U.S.C. § 1396d(b). During the times relevant to this action, FMAP for New York State was at least 50% and, in several quarters, more than 60%.

A. New York Medicaid's Coverage for EIP Services

- 32. In New York State, Medicaid provided comprehensive coverage for EIP services rendered to children who were eligible for Medicaid.
- 33. During all relevant times, New York Medicaid maintained a set of "rate codes" specific to EIP services. Those codes, which were assigned to specific types of services, corresponded to different rates of Medicaid reimbursement (in addition to the types of services, the Medicaid rate for a specific type of service also varied according to which county the eligible

child resided in).

- 34. In addition to the rate codes specific to EIP services, New York Medicaid also established certain basic billing requirements, which were applicable to, but not limited to, claims submitted to Medicaid for EIP services.
- 35. As relevant here, one of the requirements was that a diagnosis, in the form of an ICD-9 code, must be provided for each claim for EIP service. New York Medicaid denied claims that did not contain valid ICD-9 codes.
- 36. New York Medicaid regulations also specified that "any amount not authorized to be paid under the medical assistance program, whether paid as the result of inaccurate or improper cost reporting, improper claiming, unacceptable practices, fraud, abuse or mistake" is deemed an "overpayment" and subject to recovery by Medicaid. 18 N.Y.C.R.R. § 518.1(c).

B. Medicaid's "Secondary Payor" Requirement

- 37. Under federal and New York state law, Medicaid was to be a secondary payor vis-à-vis other sources of coverage for healthcare services like private insurance and Medicare.
- 38. During the relevant times, federal Medicaid laws, for example, required states receiving FMAP funds to undertake a number of steps to ensure that Medicaid did not pay claims for which third parties were liable. *See* 42 U.S.C. §1396(a)(25); 42 C.F.R. §§ 433.137–139.
- 39. As relevant here, federal Medicaid regulations required that there be a determination of the amount of third party liability, *e.g.*, private insurance coverage, before a state Medicaid agency could pay a claim. *See* 42 C.F.R. § 433.139(b)(1). Specifically, the regulations provided that if a state Medicaid agency had "established the probable existence of third party [*e.g.*, private insurance] liability at the time [a] claim [was] filed" by a provider with the agency, the agency then "*must reject* the claim and return it to the provider for a determination of the amount of [third party] liability." *Id.* (emphasis added). That regulation

further provided a state Medicaid agency must pay the claim "[w]hen the amount of liability [was] determined" and "to the extent that payment allowed under the agency's payment schedule exceeds the amount of the third party's payment." *Id*.

- 40. New York Medicaid regulations, in turn, provided that "[a]s a condition of payment, all providers of medical assistance must take reasonable measures to ascertain the legal liability of third parties to pay for medical care and services." 18 N.Y.C.R.R. § 540.6(e)(1) (emphasis added).
- 41. Further, consistent with the federal Medicaid requirement for state agencies to refrain from paying claims subject to private insurance coverage until the amount of such coverage has been determined, New York's rules and regulations also prohibited the submission of claim to Medicaid unless and until a final determination of third party liability had been rendered. As an initial matter, New York Medicaid regulations provided:

No claim for reimbursement shall be submitted unless the provider has:

- (i) investigated to find third-party resources in the same manner and to the same extent as the provider would to ascertain the existence of third-party resources for individuals for whom reimbursement is not available under the medical assistance program; and
- (ii) sought reimbursement from liable third parties.

18 N.Y.C.R.R. § 540(e)(2).

42. Further, New York Medicaid's Provider Manual for General Policy specified that Medicaid "provide[s] payment for medical care and services *only after* all [private insurance] resources available for payments have been *exhausted*" and that "payment from [private insurance] sources *must be received* before submitting a Medicaid claim." (emphasis added). Likewise, New York Medicaid's Provider Manual for Third Party Information instructed parties seeking to submit Medicaid claims that private insurance "coverage must be

utilized for payment of medical services prior to submitting claims to the Medicaid program." Moreover, in 2003, SDOH also issued guidance directed to municipal EIP officials, emphasizing that, if a private insurer denied an EIP claim submitted by a municipality due to a "technical error," such as an "incorrect policy number[]," then the municipality must correct the error and resubmit the claim to the insurer before seeking payment from Medicaid or the State's EIP funds.

- 43. In addition, New York Medicaid regulations also required a person seeking to submit Medicaid claims to:
 - ask the recipient of Medicaid-covered services for information regarding "any resources available to pay for medical care and services;"
 - "investigate the possibility of making a claim to [a] liable third party" whenever it became aware "of the potential existence of any [private insurance] resources by an official of [Medicaid] or any other person who can reasonably be presumed to have knowledge of a probable source;"
 - even after submitting a claim to Medicaid, to "continue to investigate" whether "potential third-party resources" exist and to "attempt to recover from" such sources to at least the same extent that such investigations and attempts would occur in the absence of [potential Medicaid] reimbursement; and
 - "take any other reasonable measures necessary to assure that no claims are submitted to [Medicaid] that could be submitted to another source of reimbursement."

18 N.Y.C.R.R.. § 540.6(e)(3)(i), (iii)--(v).

44. To effectuate this directive, New York Medicaid regulations provided an exception to the general rule requiring claims to be submitted within 90 days of service, allowing claims to be submitted beyond 90 days if the delay is "due to ... attempts to recover from a third party insurer." 18 N.Y.C.R.R. § 540.6(a)(1). Indeed, as emails shows, the City and CSC both knew that they could use delay reason code 7 to indicate to Medicaid that a claim was being submitted more than 90 days after the date of service due to private insurance processing delay.

C. New York Medicaid's Provider Annual Certification Requirement

- 45. During all relevant times, New York Medicaid required any person or entity seeking to submit claims for Medicaid reimbursement to enroll as a provider. *See* N.Y.C.R.R. § 504.1(b)(1). The person or entity also was required to execute a "Certification Statement for Provider Billing Medicaid" (the "Medicaid Certification") before it was allowed to obtain a "provider number" and submit claims to Medicaid using that number. Further, to the extent that the party wished to continue submitting claims from year to year, it was required to execute and submit the NY Medicaid Certification on an annual basis.
- 46. Here, CSC and the City each executed the Medicaid Certification on an annual basis in connection with their involvement in submitting Medicaid claims for EIP services. *See*, *e.g.*, Medicaid Certification for New York City dated May 22, 2009 (the "2009 NYC Medicaid Certification") (Ex. A); Medicaid Certification for Covansys [a division of CSC] dated June 9, 2010 (the "2010 CSC Medicaid Certification") (Ex. B).
- 47. In their Medicaid Certifications, CSC and the City acknowledged their obligations to comply with Medicaid's secondary payor requirement. Specifically, each certified that "the amounts listed [in the claim] are due and, except as noted, no part thereof has been paid by, or to the best of my knowledge is payable from any other source other than [Medicaid]." *Id*.
- 48. The Medicaid Certification also required CSC and the City to vouch for the accuracy and completeness of the information and data they were sending to Medicaid. Thus, each certified that "ALL STATEMENTS, DATA, AND INFORMATION TRANSMITTED ARE TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE" and "NO MATERIAL FACT HAS BEEN OMITTED." *Id.* (capitalizations in original).
 - 49. Finally, in their Medicaid Certifications, CSC and the City acknowledged their

understanding and agreement to abide by all applicable state laws as well as SDOH rules and regulations. Specifically, they certified that "[i]n submitting claims under this agreement," they "shall be subject to and bound by all rules, regulations, policies, standards [] and procedures of the [SDOH] ... as set forth in statute or [18 N.Y.C.R.R.] and other publications of the [SDOH], including eMedNY Provider Manuals and other official [SDOH] bulletins." *Id*.

FUNDING OF EIP SERVICES IN NEW YORK CITY AND THE CITY'S AND CSC'S ECONOMIC INCENTIVES TO SEEK TO INCREASE THE LEVEL AND SPEED OF MEDICAID PAYMENTS

- A. The City's and CSC's Roles in Paying EIP Service Providers and Seeking
 Coverage from Medicaid and Other Funding Sources
- 50. EIP service providers in New York City did not have to seek private insurance and Medicaid coverage themselves. Instead, the City's Department of Health and Mental Hygiene contracted with the service providers and, pursuant to those contracts, assumed the responsibility for paying the service providers and then seeking coverage from private insurance and Medicaid or the State's share of EIP service costs.
- 51. To process claims from the EIP service providers and then seek insurance coverage, the City did not rely on DOHMH's own staff or its systems. Instead, the City used a fiscal agent both to process and pay claims submitted by EIP service providers and to seek coverage from private insurance or Medicaid or the State's share of not-covered EIP costs. Until late 2008, the City used First Health as its fiscal agent for the EIP program.
- 52. In January 2005, however, the City issued a request for proposal (the "2005 RFP") to seek a replacement for First Health as the EIP fiscal agent. As set forth in that RFP, the City expected the entity replacing First Health to be responsible for implementing a computerized database system that was capable of processing electronic and paper claims submitted by EIP service providers, paying the service providers, submitting electronic claims to private insurers and Medicaid to seek insurance coverage, seeking the State's share for costs not

covered by private insurance or Medicaid, and, finally, to perform financial reconciliation to ensure consistency between payments made to service providers and reimbursements received.

- 53. In April 2005, CSC's corporate predecessor, Covansys Corporation, submitted an application in response to the City's 2005 RFP. In that application, CSC presented itself as an experienced and knowledgeable Medicaid billing agent, highlighting, for example, that it had "submitted millions of claims to various Medicaid Programs" for EIP services. CSC also told the City that it would "work[] diligently and on an ongoing basis to design and develop systems that maximize the amount of Medicaid [payments for the City]."
- 54. In 2007, CSC signed a contract with the City, agreeing to replace First Health as the fiscal agent for the EIP program starting in or about August 2008. CSC's contract with the City incorporated by reference the responsibilities set forth in the 2005 RFP. CSC's contract with the City also provided that, "[n]otwithstanding any other provision" in that contract, CSC "remain[ed] responsible for ensuring that any service provided pursuant to this contract complie[d] with all pertinent provisions of applicable Federal, State or local statutes, rules and regulations"

B. The City's Economic Interest in Obtaining Medicaid Coverage for EIP Services as Much as Possible and as Soon as Possible

- 55. As the City publicly acknowledged, the cost of paying service providers for EIP services was a major financial obligation for DOHMH. In 2010, for example, 30% of DOHMH's total budget was expended on making payments to service providers for EIP services and administering the EIP program (this reflected DOHMH's gross outlay, before taking into account what the City obtained from private insurance, Medicaid, and the State).
- 56. To limit its own share of EIP costs, the City made it a priority to obtain coverage for the services from other funding sources. In this effort (which the City termed "fund recovery"), the City had a strong economic incentive in increasing Medicaid payments and, thus,

made it a priority to seek Medicaid coverage as much as possible and as soon as possible.

- 57. Specifically, as noted above, Medicaid reimbursed the City for EIP services based on the rates published by SDOH, which typically were the full amounts the City paid to service providers. By comparison, the State's EIP funds covered only 49% of costs not covered by Medicaid or private insurance, requiring the City to cover the other 51% of such costs.³
- 58. Further, Medicaid not only paid EIP claims in full, it also typically adjudicated such claims without requiring follow-up information from the City. Private insurers, on the other hand, often demanded additional information from the City before adjudicating EIP claims.
- 59. Thus, for the City, seeking Medicaid coverage for EIP services (*i*) required less expenditures on administrative costs in terms of responding to private insurers' inquiries, (*ii*) was more likely to result in prompt payments, and (*iii*) as compared to relying on the State's 49% contribution, yielded a much higher level of reimbursement. Indeed, between fiscal years 2005 and 2010, the City was able to increase Medicaid payments for EIP services from 41% to 50.8%.
- establishing annual targets for the amount of Medicaid payments it expected to obtain for EIP services, both in dollar terms and as a percentage of DOHMH's expenditures on EIP services. For example, in 2010, the City expected to obtain \$238 million in Medicaid payments, which was equivalent to 52% of DOHMH's expenditures on EIP services. For the City, meeting these targets was crucial—as an EIP official at DOHMH complained to CSC in an email dated September 15, 2010, failing to reach the Medicaid target "resulted in a potential revenue shortfall" of "approximately \$6 million" in DOHMH's budget for fiscal year 2010.
 - 61. Another way through which the City tried to increase the amount and speed of

While municipalities, like the City, were responsible "local share" of Medicaid expenditures, New York State law capped the local share. *See generally City of New York v. Novello*, 77 A.D. 3d 514, 515 (N.Y.A.D. 1st Div. 2010). The City's share of Medicaid costs, thus, was a small fraction of the share it had to pay for EIP services not covered by Medicaid.

Medicaid payments was by inserting a "performance based compensation" structure into its contract with CSC. Specifically, that contract specified that, if CSC obtained Medicaid payments above certain "threshold dollar levels" for the City, then CSC stood to earn "incentive payment[s]," defined as 15% of the amount of Medicaid payments in excess of the threshold level. In other words, if CSC obtained \$10 million in excess Medicaid payments for the City in a given fiscal year, then the City would reward CSC with a \$1.5 million "performance" bonus.

62. The contract between the City and CSC also gave the City the ability to penalize CSC for "alleged material nonperformance" by not paying part of the operating fees that CSC would otherwise receive for its fiscal agent duties. As a senior CSC manager acknowledged under oath, this provision was "quite favorable to the City [from] a CSC standpoint," allowing the City to withhold payment based on its overall "satisfaction." Indeed, the City invoked this provision in late 2010 and withheld approximately \$100,000 in fees after CSC had failed to meet the City's target in terms of obtaining Medicaid reimbursements.

CSC AND THE CITY'S SCHEMES TO DEFRAUD MEDICAID BY SUBMITTING CLAIMS IN BLATANT DISREGARD OF MEDICAID'S "SECONDARY PAYOR" REQUIREMENT

I. CSC's and the City's Basic Disregard for Medicaid's Secondary Payor Requirement

- 63. As summarized above, both Medicaid regulations and the annual certifications signed by CSC and the City expressly conditioned the availability of Medicaid coverage for EIP services on CSC's and the City's compliance with Medicaid's secondary payor requirement. *See supra* ¶¶ 37–44, 47.
- 64. In addition, as deposition testimony shows, the City and CSC both knew that they were required to first exhaust private insurance coverage before submitting claims to Medicaid for EIP services. For example, a former assistant director for EIP at the City testified that, under Medicaid rules, "DOHMH was supposed to first go to a private insurance, if there was private insurance coverage, before going to Medicaid." Similarly, at his deposition, CSC's

former project director for the City's EIP program admitted that he "generally [] understood that [New York] state policy [was] that you bill [private] insurance and then you bill Medicaid."

- 65. However, when CSC and the City developed and then implemented a computer database system for seeking private insurance and/or Medicaid coverage for EIP services, they demonstrated a basic and knowing disregard for this requirement.
- during the system development process. Specifically, CSC and the City agreed on a schedule for "roll[ing] out" the computer system for submitting claims for reimbursement to the three funding sources private insurance, Medicaid, and the State's EIP funds. Under that agreed-upon plan, CSC was scheduled to start submitting claims for EIP services to Medicaid on a weekly basis no later than January 2009. On the other hand, CSC would not start submitting EIP claims to private insurers until months later. As CSC's former project director for the City's EIP system acknowledged at his deposition, it was not until "around December of 2009" when CSC began to submit, on a systematic basis, private insurance claims for children who had private insurance coverage and also were Medicaid-eligible. Indeed, in just January and February 2009, CSC submitted thousands of EIP claims to Medicaid for beneficiaries with private insurance before it had tried to obtain private insurance coverage. *See* Sample Claims Submitted to Medicaid Prior to Having Been Submitted to Private Insurers (Ex. C).
- 67. In other words, for a number of months in 2009, CSC and the City knowingly submitted claims to Medicaid each week without having made *any* effort to seek private insurance coverage. As New York Medicaid claims data shows, CSC and the City submitted tens of thousands of claims to Medicaid each month for children who had both private insurance coverage and Medicaid eligibility. Those claims, thus, did not comply with New York Medicaid regulations and policies that required the exhaustion of private insurance coverage or with CSC's

and the City's own certifications to Medicaid.

- 68. Moreover, even after they finally "rolled out" a system to submit claims to private insurers, CSC and the City continued to show a basic disregard for Medicaid's secondary payor requirement when circumventing that requirement furthered their economic interests.
- 69. For example, in 2010, the City expressed dismay at CSC's failure to obtain reimbursement from Medicaid at a level and at a speed that would enable the City to meet its annual target. In response, and as described more fully below, CSC and the City agreed to implement two fraud schemes so that they could submit EIP service claims to Medicaid as soon as possible without having investigated the availability of private insurance coverage or having taken reasonable steps to obtain such coverage.

II. CSC's and the City's Scheme to Circumvent Medicaid's Secondary Payor Requirement by Defaulting Policy IDs to 999-999-999 in Private Insurance Claims

- 70. A valid insurance policy ID number, as CSC and the City knew, was required for purposes of submitting a claim to a private insurance carrier. For example, a former third party insurance specialist at DOHMH admitted under oath that having "a correct policy number" was "the most important" element of submitting a "valid claim" to a private insurer. Similarly, in a May 2010 email, a former project director at CSC explained that "a missing or unusable Policy ID prevents submission to [a private insurance carrier] because those fields are required in order for us to compose a valid EDI claim."
- 71. By May 2010, however, CSC and the City recognized that they lacked correct or complete private insurance policy ID numbers for thousands of children in the EIP program for whom CSC or the City had evidence indicating that private insurance coverage likely was available. Specifically, in CSC's database, the policy IDs for those children were "blank or null, or ha[ve] fewer than two letter or numbers." CSC and the City also knew that many of those children were Medicaid eligible.

- 72. Under such circumstances, New York Medicaid regulations required CSC and the City to "investigate" each situation and to "take any other reasonable measures necessary" to submit a private insurance claim with the correct policy ID for each child. *See* 18 N.Y.C.R.R. § 540.6(e)(3)(iv)-(v).
- 73. But CSC and the City wholly disregarded that requirement. Specifically, CSC and the City did not devote resources and personnel to try to find the correct policy IDs for the children without complete policy IDs. Instead, to demonstrate that it was responsive to the ongoing pressure from the City regarding the level of Medicaid payments, CSC suggested a way to circumvent Medicaid's requirement on exhausting private insurance coverage so that CSC could submit the claims to Medicaid as soon as possible.
- 74. Specifically, in a May 18, 2010, email, the then-project director at CSC suggested to the City's then-EIP finance director that CSC implement a computer program that would automatically "replace" any "existing polic[y]" ID that was "blank or null, or has fewer than two letters or numbers" with "'999999999' (nine 9's)."
- 75. As CSC and the City recognized, implementing such a computer program would result almost invariably in the private insurers' denying all the claims where the "existing" IDs were replaced with 999-999-999. As CSC's former account manager responsible for the City's EIP project admitted under oath, it would "surprise [him] if it [i.e., 999-999-999] was acceptable to any private insurance company." Further, as CSC and the City both knew, once the private insurers denied the claims with the default, 999-999-999 policy IDs, CSC's system was designed to automatically submit those claims to Medicaid even though CSC and the City had failed to comply with Medicaid's requirements to investigate and exhaust private insurance coverage.
 - 76. Nonetheless, on May 20, 2010, the City's then-EIP finance director wrote back

and advised CSC that its proposal was "[c]onfirmed and approved." Based on that agreement, CSC designed and implemented this proposal. As an internal CSC email dated July 1, 2010 shows, a computer program was designed and "deploy[ed]" in June 2010 to "default [] to 99999999" any blank "Policy Holder's Policy Number."

- 77. As the claims data from CSC's own database shows, the implementation of this defaulting program caused tens of thousands of claims with the default 999-999-999 policy ID to be submitted to private insurers. After these claims were denied, CSC instead of working to obtain correct policy IDs and then resubmitting the claims to private insurers as required by SDOH guidance, *see supra* ¶ 42 submitted those claims to Medicaid, which paid on the basis of private insurance "denials." In May 2011 alone, for example, Medicaid received and paid hundreds of such claims. *See* Sample Claims Involving 999-999-999 Defaulting from May 2011 ("May 2011 Sample 9x9 Defaulting Claims") (Ex. D).
- 78. Each of these claims was false because it was submitted in violation of both the secondary payor requirement as set forth in Medicaid regulations, *see* 18 N.Y.C.R.R. § 540.6(e)(3)(iv)-(v), and CSC's and the City's annual certifications to Medicaid. *See* 2009 NYC Medicaid Certification (Ex. A); 2010 CSC Medicaid Certification (Ex. B) ("no part [of the claim] ... to the best of my knowledge is payable from any other source other than [Medicaid]").

III. CSC's and the City's Scheme to Circumvent Medicaid's Secondary Payor Requirement by Misuing the 0Fill Modifier in Medicaid Claims

79. As CSC and the City knew, New York Medicaid implemented certain computer programs to enforce the secondary payor requirement. Those programs checked whether claims submitted to Medicaid were for beneficiaries who also had private insurance coverage and, if so, whether the provider submitting such a claim had obtained a private insurance payment or a decision by the private insurer not to pay. If private insurance coverage was present and the provider submitting claims failed to indicate the result of private insurance adjudication, such a

claim would be denied by New York Medicaid for failing to exhaust private insurance coverage.

- 80. However, the City and CSC viewed Medicaid's system for enforcing the secondary payor requirement as an obstacle to the City's goal of increasing the level and speed of Medicaid payments. This is because private insurance adjudication, as the City and CSC knew, often took time and required staffing and resources unacceptably so for the City. As the former EIP product manager at CSC testified at his deposition, it was "a very common thing" for the City to "receive requests for additional information" from private insurers before the insurers would adjudicate the City's EIP claims. But the City was unwilling to devote resources to answering the insurers' questions, which further prolonged private insurance adjudications. As the former EIP product manager also explained, the City frequently failed to respond to requests from private insurers because, among other reasons, the City did "not have the capability ... [or] have the staffing to ... provide all of that follow up request for the private insurance carrier in order to have a potential for payment." The City's failure to respond, thus, was a common reason for private insurers to delay their adjudication of the relevant EIP claims.
- 81. As the former EIP product manager further acknowledged at his deposition, the City's and CSC's response to this situation was *not* to devote more staff and resources to answering such requests. Instead, the City's then-EIP finance director agreed with CSC to develop computer programs that would circumvent New York Medicaid's system for enforcing the secondary payor requirement.
- 82. As a former system development manager at CSC summarized in a July 12, 2011 email to an EIP official at the City, CSC created programs in its computer database to automatically identify all private insurance claims that had been pending for a period of time –

but not adjudicated – and then create a "dummy denial record" for each claim.⁴ This program, which CSC first used in mid-2010, initially created the "dummy denials" after a private insurance claim had been pending for 90 days. In 2011, CSC lengthened this period to 120 days. In other words, CSC's "dummy denial" programs created the appearance that tens of thousands of private insurance claims had been denied even though, in fact, there had not been any adjudication.

- 83. Next, CSC developed a program to "force [those] claims out the door to Medicaid." Specifically, as the former system development manager went on to explain in her July 12, 2011 email, CSC created a program to "send the claims [with the "dummy denial records"] on to Medicaid with [the] 0Fill [modifier]." As CSC and the City knew, applying the 0Fill modifier to those claims was an improper use of that modifier. Specifically, Medicaid only allowed the 0Fill modifier to be used in two scenarios *first*, "to bypass submitting the claim to [a private insurer] who would otherwise deny the claim," *e.g.*, because the policy did not cover a certain type of service; and *second*, to be applied to claims that were adjudicated by private insurers and either were "denied (services were not covered) or were paid zero."
- 84. Contrary to the Medicaid rules, CSC and the City applied the 0Fill modifier to claims that were potentially eligible for coverage based on the types of services and had *not* been adjudicated by the private insurers. In other words, CSC and the City falsely applied the 0Fill modifier to bypass Medicaid's system for enforcing the secondary payor requirement.
- 85. Further, as CSC's former EIP product manager admitted under oath, CSC and the City knew it was "very likely" that there were no private insurance adjudications for many of the claims being submitted to Medicaid because the City had not answered requests for information from the private insurers. Thus, in addition to misusing 0Fill, CSC and the City

⁴ CSC employees also referred to these dummy denial records as "dummy RA." An RA (remittance advice) is a response from a private insurer explaining how it adjudicated a claim.

were violating Medicaid regulations requiring them to take all "reasonable measures necessary" to obtain private insurance coverage. *See* 18 N.Y.C.R.R. § 540.6(e)(3)(v).

- 86. The illegality of this practice, however, did not deter CSC and the City. Instead, CSC viewed the misuse of 0Fill as an effective tool to meet the City's demands on CSC to meet DOHMH's targets in terms of Medicaid payments. Thus, in September 2010, and as DOHMH's fiscal year neared an end, a City official emailed CSC to complain that CSC's failure to obtain Medicaid payments more quickly had "resulted in a revenue shortfall to the Department [DOHMH] of approximately \$6 Million which should have been recognized during Fiscal Year 2010." To mollify the City, CSC decided that, in response, it would "work[] to resubmit additional claims that can benefit from 0FILL logic."
- 87. As both emails and CSC's own EIP claims database show, CSC continued the practice of submitting claims to Medicaid without waiting for the claims to be adjudicated by private insurance carriers throughout 2011 and 2012. As part of this fraud scheme, CSC and the City submitted tens of thousands of false claims and improperly obtained millions of dollars in Medicaid payments. For example, in May 2011, hundreds of such false claims were submitted to Medicaid, and the City received over tens of thousands of dollars in payments. *See* Sample Dummy Denial Claims for May 2011 at 1-8 (Ex. E).
- 88. Each of those claims was submitted in violation of Medicaid regulations setting forth the secondary payor requirement and thus was false. Further, each claim also was false because it was submitted in violation of CSC's and the City's annual certifications to Medicaid as CSC began to implement this scheme, CSC's then-EIP product manager, who knew CSC was submitting Medicaid claims that had not been adjudicated by private insurers due to the

⁵ In 2012, New York Medicaid stopped using the 0Fill modifier. But this did not stop CSC from continuing to create "dummy denial records" and submitting claims to Medicaid before it had exhausted private insurance coverage.

City's failure to answer insurers' questions, signed a Medicaid certification, falsely representing that, "to the best of [his] knowledge," no part of any of those claims was "payable from any other source other than Medicaid." *See* 2010 CSC Medicaid Certification (Ex. B).⁶

CSC AND THE CITY'S SCHEME TO DEFRAUD MEDICAID BY SUBMITTING CLAIMS THAT CONTAINED FALSE DIAGNOSIS CODES

- I. Medicaid Reimbursement of EIP Services Required the Submission of ICD-9

 Diagnosis Codes That (i) Were Generated by the Service Providers and

 (ii) Accurately Reflected the Condition for Which the Services Were Rendered
 - A. <u>CSC and NYC Were Required to Submit "Provider-Generated" ICD-9 Codes</u>
- 89. As summarized above, New York state law authorized a municipality, such as the City, to seek reimbursement from Medicaid (and private insurance) only "to the extent" that the City had received from the service providers "adequate and complete information necessary to support the municipality billing." See N.Y. Pub. Health L. § 2559(3)(a) (2006) (emphasis added). In short, the City was not permitted even to submit claims on Medicaid or private insurers unless it had received "adequate and complete information" from service providers.
- 90. SDOH explained on what constituted "adequate and complete information necessary to support [] municipality billing" in section 2559(3)(a) in a guidance memorandum issued in 2003, explaining to EIP program participants that the types of information "necessary for billing and claiming purposes" included, as relevant here, the "ICD-9 diagnostic code for the conditions or reasons for which care is provided." SDOH further clarified that all such information, *i.e.*, including the ICD-9 diagnostic code, was "required for submission to municipalities by providers at the time payment is sought for [EIP] services delivered."
 - 91. In an email dated June 5, 2007, SDOH provided further guidance to managers

The misuse of 0Fill also was not limited to submitting claims to Medicaid before private insurance adjudication. As a CSC senior consultant acknowledged in a May 25, 2010 email, CSC had submitted to Medicaid "under the '0Fill Rules" more than 4,000 claims that were "TPL [private insurance] eligible," but had never been submitted to private insurance.

of municipal EIP programs – including the City's EIP program manager – regarding the requirements of Public Health Law § 2559(3)(a). Specifically, SDOH explained that, under that provision, the responsibility to "promptly furnish the municipality with adequate and complete information necessary to support" claiming belonged to "the provider that directly delivers the service to the child." Thus, the City and other municipalities "*must* include provider-generated ICD9 [] codes" when submitting claims to Medicaid for EIP services, and "*should not* create diagnosis [] codes" on their own.

- B. The City and CSC Certified That the ICD-9 Codes Transmitted to Medicaid Accurately Reflected the Conditions for Which Services Were Provided
- 92. In addition to conditioning reimbursement for EIP services on municipalities complying with Public Health Law § 2559 and obtaining the ICD-9 codes and other information from service providers, New York Medicaid also conditioned reimbursement on the City and CSC certifying the accuracy of the data they were submitting in their Medicaid claims.
- 93. Specifically, the City and CSC both expressly certified that, "ALL STATEMENTS, DATA AND INFORMATION TRANSMITTED ARE TRUE, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE." *See*, *e.g.*, NYC 2009 Medicaid Certification (Ex. A); CSC 2010 Medicaid Certification (capitalizations in original) (Ex. B).
- 94. The City and CSC knew that the ICD-9 code was a data element required by New York Medicaid. Thus, their certifications applied to the accuracy of the ICD-9 codes in the EIP claims they submitted to Medicaid.
- 95. Further, the City and CSC each certified that in "submitting claims" to Medicaid, it "shall be subject to and bound by all rules, regulations, policies ... of [SDOH] ... as set forth in statute ... and other publications of the [SDOH]"). *See* NYC 2009 Medicaid Certification; CSC 2010 Medicaid Certification. This certification applied to the requirement as set forth in statute and SDOH policies that municipalities must use the provider-generated

ICD-9 codes in the EIP claims they submitted to Medicaid.

The City and CSC Orchestrated a Scheme to Submit Medicaid Claims with False ICD-9 Codes, i.e., Codes That Were Not Generated by Service Providers and/or Did Not Accurately Reflect the Conditions for Which Services Were Rendered

- A. The City and CSC Knew That Medicaid Required Valid ICD-9 Codes
- 96. Starting in late 2007, *i.e.*, shortly after the City picked CSC to be the EIP fiscal agent, CSC and the City held a series of meetings (referred to internally as "joint application development" or "JAD" sessions) to discuss the capabilities and features that CSC would develop for the City. During those meetings, the City and CSC discussed the fact that New York Medicaid required claims to contain valid ICD-9 codes.
- 97. Further, as soon as CSC began to submit EIP claims to Medicaid on behalf of the City, it became aware that, in practice, Medicaid implemented this requirement by denying claims that did not contain valid ICD-9 codes.
- 98. For example, in an internal email dated January 8, 2009, a quality assurance ("QA") manager at CSC wrote she had "noticed in our files for Medicaid" that "many claims" contained "0 in the [ICD-9] field." If CSC went ahead and submitted those claims to Medicaid, as the QA manager warned, it was "going to be getting a[] lot more denials" from Medicaid. Similarly, when CSC analyzed in April 2009 why Medicaid had not paid many EIP claims CSC had submitted for the City, CSC's project director reported in an email that invalid "diagnosis code is the main issue ... in that it's the vast majority of all unpaid claims."
 - B. The City and CSC Agreed to Implement Programs That Automatically Switched the Service Provider-Generated ICD-9 Codes That Did Not Comply with § 2559(3)(a) to a Default Code, 315.9, in Medicaid Claims
- 99. Even before it retained CSC as its fiscal agent, the City's then-EIP finance director made it a practice to submit EIP claims to New York Medicaid using a default code, 315.9, which designates "unspecified delay in development," instead of the service-provider-

generated ICD-9 codes.

100. In April 2008, CSC held discussions with key EIP officials from DOHMH, including the EIP finance director, regarding the ICD-9 code to be used in Medicaid claims. The City initially indicated that it would seek guidance from the State. But the City did not seek such guidance; instead, on April 18, 2008, DOHMH officials asked CSC to use 315.9 "as the default" diagnosis code in Medicaid claims. This was because, as the City explained to CSC, "code 315.9 is the one used in the past and its use had not impacted [the City's] recovery from Medicaid."

101. CSC agreed to that request. Indeed, before it even began submitting EIP claims to Medicaid on behalf of the City, CSC started to develop a program – originally referred to as "Rule 68" in the database that CSC developed for the City – to implement this request. Further, as CSC and the City learned more about when Medicaid would pay or deny EIP claims throughout early 2009, the scope of their ICD-9 switching practice expanded and eventually applied to any claim that was likely to be denied by Medicaid based on the ICD-9 code.

102. CSC first implemented Rule 68 in January 2009. At that time, it was designed to identify instances where the service providers submitted codes were improperly formatted, i.e., "non numeric" or had "length [] less than 3." Rule 68 then switched those codes to 315.9 in the claims submitted to Medicaid. By implementing this rule, CSC did not merely "correct" ICD-9 codes that were incorrectly formatted but otherwise indicating medical conditions relevant to EIP services. Instead, CSC changed codes that indicated no diagnosis whatsoever – such as 0 or 1 –to 315.9 in tens of thousands of claims submitted to Medicaid because, as the City told CSC, Medicaid would pay based on that code.

103. By April 2009, CSC and the City saw that Medicaid had denied several hundred thousand EIP claims because of invalid diagnosis codes and the denial reasons were not limited

⁷ CSC and the City also agreed to use this ICD-9 switching practice for purposes of submitting claims to private insurance carriers.

to ICD-9 codes being non numeric or shorter than 3. But, instead of requiring service providers to correct their ICD-9 coding, CSC and the City chose to revise the ICD-9 code switching program to replace other provider-generated diagnosis codes – including codes indicating specific medical conditions relevant to EIP like autism (299.0), pervasive development disorder (299.8), attention deficit disorder (314.0), and low birth weight (765.01) – to 315.9 as well.

104. Specifically, as a CSC project tracking "task order" shows, CSC revised the ICD-9 switching program in mid-April 2010 to "check" whether the service providers-generated ICD-9 codes were "valid" in the sense that they were on the list of codes that CSC and the City expected Medicaid to pay. If the provider-generated ICD-9 code "was not found" on that list (because, for example, a provider entered 299.0, rather than 299.00, for autism) the program switched it "to a default code" with the "string value of 3159."

105. Between April 21 and April 24, 2009, CSC deployed this revised rule to resubmit to Medicaid more than 600,000 claims, which Medicaid had previously denied, with "improved ICD9 codes." As a CSC report shows, as of May 2, 2009, that mass resubmission had resulted in "a \$49 [million] payment" from Medicaid to the City.

106. After April 2009, CSC and the City continued to use this program to replace the service provider-generated ICD-9 codes with 315.9 in Medicaid claims whenever the provider-generated codes were not on the list that CSC and the City expected Medicaid to pay. For example, in an email dated May 4, 2011, CSC reported to the City that, during the month of January 2011, CSC had switched the ICD-9 codes in 179,244 claims submitted to Medicaid and private insurance carriers. Indeed, as CSC's former account manager responsible for the City's EIP program testified in sworn testimony, CSC did not stop the ICD-9 defaulting practice at any time before his retirement in May 2012.

107. In sum, the ICD-9 switching program developed by CSC for the City performed

two functions. First, it identified the instances where the service provider-generated ICD-9 codes would not be accepted by Medicaid. In other words, it identified instances where the service providers had not given CSC the "adequate and complete information" required under Public Health Law § 2559(3)(a). Second, after identifying those instances, CSC and the City – rather than requiring the services providers to resubmit claims with "adequate and complete information" – used the ICD-9 switching program to automatically replace the problematic ICD-9 codes with 315.9 in Medicaid claims.

III. <u>CSC and the City Implemented the ICD-9 Code Switching Practice in Knowing Violation of Their Certifications and SDOH Requirements</u>

108. Even as they were still designing the ICD-9 switching program, CSC employees knew populating Medicaid claims with ICD-9 codes that did not come from service providers likely did not comply with Medicaid rules and requirements. For example, in an email dated January 12, 2009, a QA manager at CSC emphasized that it was "VERY important" for the City to get service providers to "start sending correct [ICD-9] information because if NY Medicaid audits our data, they will see we are sending them different [ICD-9] information than what providers have sent us." (capitalization in original).

109. In addition, CSC also was aware that, due to its ICD-9 switching practice, it was submitting claims to Medicaid with ICD-9 codes that did not accurately reflect the diagnoses for which the EIP services were being rendered. As described in the notes of CSC's former account manager regarding a discussion he had with EIP officials from the City on January 13, 2010, because CSC had a practice of defaulting the provider-generated ICD-9 codes that would not be accepted by Medicaid "to 315.9 for forwarding to fund recovery sources," this resulted in the claims containing ICD-9 codes that did not correspond to the "diagnoses in the child's set of established diagnoses" and, thus, were not "correct."

110. In short, CSC implemented the ICD-9 switching scheme knowing that its

conduct contravened its annual certification to Medicaid – both in terms of agreeing to abide by SDOH rules and policies and in terms of submitting "true and accurate" data and information. Indeed, as CSC employees acknowledged in a May 4, 2011 email to the City, the ICD-9 switching scheme was not concerned with accuracy; instead, it was designed to "enhance the payment success as discussed with [the City] in the Spring[] 2009 timeframe."

- 111. The City, likewise, knew that its agreement with CSC to implement the ICD-9 code switching scheme violated SDOH rules and policies as well as its certifications to Medicaid. Indeed, the City's own EIP staff had repeatedly raised concerns that the ICD-9 switching practice was improper.
- 112. For example, as a former assistant director for EIP at the City testified under oath, she told the City's then-EIP finance director that "we should not be defaulting any diagnosis codes" in connection with Medicaid or private insurance submissions. The then-EIP finance director, however, brushed off her concern and continued the practice.
- 113. In 2008 or 2009, that former assistant director again approached the City's then-EIP finance director – this time with a new third-party insurance specialist – to raise concerns about the practice of submitting claims to Medicaid after having inserted 315.9 as the default ICD-9 code. As the third-party insurance specialist testified at his deposition, this meeting likewise did not stop the finance director from continuing with the ICD-9 switching practice.
- 114. At his deposition, the City's former EIP finance director was confronted with evidence indicating that he and CSC had agreed to implement the ICD-9 code switching scheme to obtain Medicaid payments using false information and data. When he was asked under oath whether "based on this agreement [he] had with CSC, CSC in fact submitted thousands of claims every week to Medicaid that contained false diagnosis information" the former EIP finance director invoked his Fifth Amendment privilege. He likewise invoked the Fifth Amendment

when asked whether he "and CSC agreed [that] CSC would implement this [ICD-9] defaulting process in order to maximize the level of Medicaid recovery" for the City.

IV. The ICD-9 Code Switching Scheme Caused the Submission of Tens of Thousands of False Claims to Medicaid

115. Pursuant to their agreement to implement a program to automatically replace certain provider-generated ICD-9 codes with 315.9 in Medicaid claims, the City and CSC submitted tens of thousands of false claims to Medicaid and improperly obtained from Medicaid millions of dollars in reimbursements to which they were not entitled.

the claims did not comply with requirements of Public Health Law § 2559(3)(a). As discussed above, that statutory provision authorized the City to submit claims to Medicaid "to the extent that" it had obtained from ICD-9 codes "adequate ... to support [] municipality billing" from the service providers. However, as claims data from CSC's own database shows, in tens of thousands of instances, the City and CSC submitted claims to Medicaid, and received reimbursements, even though the service providers that did not submit ICD-9 codes indicating medical conditions relevant to EIP, but simply 0s and 1s. *See* Sample Claims Subject to ICD-9 Code Switching Submitted to Medicaid on May 5, 2009, at 1-5 (Ex. F); Sample Claims Subject to ICD-9 Code Switching Submitted to Medicaid on May 7, 2010, at 1, 5 (Ex. G).8

117. Moreover, the City and CSC submitted tens of thousands of claims that were false because the claims contained diagnosis codes that did not accurately reflect the diagnoses for which, as the service providers indicated to CSC, the services had been rendered. For example, as sample claims data shows, the City and CSC replaced the provider-generated diagnoses of disability –including codes indicating conditions such as autism (299.0), pervasive

⁸ Exhibits E and F shall be referred to below as the "May 2009 ICD-9 Switching Samples" and the "May 2010 ICD-9 Switching Samples," respectively.

development disorder (299.8), attention deficit disorder (314.0), cerebral palsy (343.9), or cleft palate (749.0) – with unspecified developmental delay (315.9). *See* May 2009 ICD-9 Switching Samples at 5-8; May 2010 ICD-9 Switching Samples at 1-5 (Ex. F and G).

118. Finally, in both scenarios set forth above, the City and CSC each violated the express certifications they made to Medicaid in terms of complying with SDOH rules and policies and submitting "accurate and complete" data. *See* NYC 2009 Medicaid Certification (Ex. A); CSC 2010 Medicaid Certification (Ex. B). Those violations of the Medicaid certifications rendered the claims false.

<u>CSC Fraudulently Induced Medicaid to Approve Its Enrollment as a Billing Agent</u> and Then Made Claims to Medicaid in Violation of Governing Medicaid Regulations

- 119. From the outset, CSC's billing agent contract with the City contravened federal and State Medicaid laws insofar as the contract's "performance payment" provisions directly linked CSC's compensation to the amount of Medicaid reimbursements CSC obtained for the City. *See supra* ¶¶ 61 (contract provided for a 15% performance payment if CSC collected Medicaid payments above certain thresholds).
- 120. As relevant here, federal regulations specified that Medicaid "payment may be made to a business agent [] such as a billing service ... if the agent's compensation for this service is ... not related on a percentage or other basis to the amount that is billed or collected [from Medicaid]" and "not dependent upon the collection of the [Medicaid] payment." 42 C.F.R. § 447.10(f) (emphasis added). Federal regulations further required states, like New York, to expressly incorporate this requirement into their Medicaid state plans. Id. § 447.10(c).
- 121. In accordance with the federal regulations, New York amended its state plan in 1982 and promulgated regulations to condition Medicaid reimbursement to billing agents on their compensation *not* being related to how much they billed to or collected from Medicaid. Specifically, New York Medicaid regulations allowed billing agents to "prepare and send bills"

and receive [Medicaid] payments in the name of [a] provider *only if* the compensation paid to the agent is ... *unrelated, directly or indirectly*, to the dollar amounts billed and collected" from Medicaid. 18 N.Y.C.R.R. § 360-7.5(c) (emphasis added); *see also id.* § 504.9(a)(1) ("[Medicaid] payment may be made ... to a business agent, including [] a billing service" only "if ... the agent's compensation ... is not related on a percentage or other basis to the amount billed or collected"). New York Medicaid regulations also defined any arrangement under which a billing agent's compensation "is related to the amount collected or is dependent upon collection" as an "unacceptable practice," 18 N.Y.C.R.R. § 515.2(b)(14), thereby subjecting payments made in connection with such an arrangement to recoupment by Medicaid, *id.* § 515.3(b).

- 122. To highlight this regulatory requirement, SDOH issued official public guidance starting in 2001 regarding the prohibition against "billing agents ... charging Medicaid providers a percentage of the amount claimed or collected." The 2001 SDOH guidance further specified that violating this prohibition could lead to the State seeking "refund ... of Medicaid payments" made in connection with a prohibited arrangement.
- 123. SDOH also included this regulatory requirement in the instructions it provided to applicants seeking to enroll as Medicaid billing agents. The billing agent application itself, moreover, required applicants, like CSC, to specify what "fee schedule [they] will be using to charge for [their] service." If applicants disclosed having incentive arrangements under which their compensation would be related to how much they billed to or collected from Medicaid, then SDOH would *not* allow those applicants to enroll as billing agents or to bill Medicaid.
- 124. In January 2008, *i.e.*, several months after CSC and the City signed their incentive contract, CSC submitted an application to SDOH to enroll as a Medicaid billing agent. By that point, CSC was well aware that its incentive compensation arrangement with the City did not comply with Medicaid rules. According to sworn testimony of the project director at CSC in

charge of the EIP project for the City, CSC employees had "collectively ... felt" during contract negotiations that, under "CMS [Centers for Medicare and Medicaid Services] guidance," it "was not appropriate ... to have an incentive clause based on a percentage of ... collections" from Medicaid. Indeed, CSC discussed these concerns "on numerous occasions" both internally and with the City. Yet, as the CSC project director admitted under oath, CSC and the City did not delete the provisions linking CSC's payments to collections from Medicaid from their contract; instead, the incentive provisions "were part of the contract executed in September 2007."

125. Having known that its incentive contract with the City did not comply with Medicaid rules, CSC chose to hide that fact so that it could fraudulently induce Medicaid to approve its enrollment as a billing agent. Specifically, in the billing agent enrollment application it submitted in January 2008, CSC claimed that its "multi-year contract with NYC" provided for "a monthly fixed fee for Fiscal Agent operations support," while concealing the "performance incentive" provisions. If CSC had disclosed those provisions, SDOH would have rejected CSC's application and disallowed CSC from billing Medicaid while it operated under the incentive contract with the City.

126. Relying on its misrepresentation, CSC caused Medicaid to approve its enrollment as a billing agent. Enrolling as a billing agent, in turn, enabled CSC to submit claims to Medicaid on behalf of the City starting in late 2008. CSC knew that the claims it submitted to Medicaid under its incentive contract with the City – such as the claims submitted in violation of the "secondary payor" requirement, *see supra* at ¶¶ 63–88, Exs. D, E – were false because those claims were made in violation of governing Medicaid rules and regulations and because CSC's enrollment as a Medicaid billing agent was based on a lie. If CSC had disclosed its failure to comply with the regulations against incentive compensation for billing agents, SDOH would not have accepted and paid the claims that CSC submitted on behalf of the City.

THE FRAUDULENT CONDUCT DESCRIBED ABOVE REFLECTED CSC'S AND THE CITY'S OVERALL INDIFFERENCE TO COMPLYING WITH BILLING RULES

127. The failure by CSC and the City to comply with billing rules or requirements was not limited to the fraudulent conduct described above. Instead, as summarized below, both the City and CSC had a basic and deliberate disregard for complying with Medicaid's billing rules and regulations or the accuracy of the information they submitted to get claims paid.

128. For example, once CSC began its work as the City's billing agent under that contract, the pattern of deliberate disregard for billing rules and accuracy continued. Throughout 2009, for example, CSC submitted EIP claims to Medicaid more than 90 days after the dates of service. To justify the delay in submitting those claims, CSC and the City used "Delay Reason [] code 7" to indicate that it was due to "Third Party [private insurance] Processing Delay."

129. However, as CSC explained in a February 2010 report, the use of that delay reason code was false in each single instance because, as CSC and the City knew, "none of these claims had been previously submitted to TPL [private insurance]" at all. In other words, for an entire year, CSC and the City consistently submitted EIP claims to Medicaid with false information concerning why they did not submit the claims on a timely basis.

130. In fact, the pattern of deliberate disregard for complying with billing rules or submitting accurate information was not limited just to Medicaid. In spring 2009, as CSC was preparing to begin submitting EIP claims to private insurers, the City's then-EIP finance director advised CSC to "submit code 11" in "all private insurance submissions" to indicate that the services had been rendered in the offices of the service providers. The then-EIP finance director also told CSC that, "if [those claims] get rejected" by the private insurers, "then [DOHMH] will trigger resubmission using code 12" to indicate that the services had been rendered at "home."

131. Of course, an EIP service could only have been rendered *either* at an office *or* at home, but not at both locations depending on whether an insurer was prepared to pay. The

coding scheme proposed by the City's former EIP finance director, thus, was clearly fraudulent. Indeed, when the former EIP finance was asked under oath whether he had asked CSC to submit "claims to private insurance carriers that contained inaccurate or false service location code information," he invoked his Fifth Amendment privilege.

- 132. The City and CSC also displayed their basic disregard of whether they were complying with billing rules or engaging in potential fraud in terms of reporting the gender of the children receiving EIP services. In Spring 2010, as CSC records show, the City asked to CSC develop programs to "systematically revise [an EIP beneficiary's] gender when a Medicaid claim [had been] denied due to [] gender mismatch" and to do so "without manual intervention," *i.e.*, anyone actually checking whether the revised gender was accurate. A business analyst at CSC promptly raised concerns that creating a program to "systematically revis[e] a child gender value without direct human intervention to perform due diligence" could be deemed "Medicaid fraud."
- 133. However, CSC did not heed that concern. Instead, it went ahead and implemented the program per the City's direction. As a result, as the City's former EIP assistant director admitted under oath, whenever Medicaid denied an EIP claim based on a mismatch between the gender of the child indicated in the claim submitted to Medicaid and the gender in Medicaid's records, the City made no any effort to ascertain the actual gender of the child, but instead automatically resubmitted the claim with the opposite gender code.
- 134. Finally, in yet another example of their basic disregard for billing rules, CSC learned in August 2011 that its claim submission procedures had resulted in Medicaid overpaying the City in connection with "over 39,000 [EIP] claims." CSC's analysis further showed that the overpayments, or "credit balances," for many of those claims had been outstanding for long periods of time. For example, according to an August 29, 2011 internal CSC email, "[a]bout 19,000 of these claims [had] Service Dates prior to August 2009."

- responsibility as the fiscal agent to monitor reimbursements to identify "duplicate payments" and refund overpayments to Medicaid or the State. Further by 2011, CSC had a clear legal duty to report and refund the overpayments owed to Medicaid promptly. See 18 N.Y.C.R.R. § 540.6(e) (requiring the return of Medicaid overpayments within 30 days); see also 42 U.S.C. § 1320a-7k(d)(1)-(2) (2010) (requiring "a person [who] has received an overpayment" to "report and return the overpayment to the [] State" and to "notify the [] State ... in writing of the reason for the overpayment" within "60 days after the date on which the overpayment was identified").

 Indeed, as a billing agent, CSC had ample notice that it had an obligation to monitor and report such "credit balances." See HHS-OIG COMPLIANCE PROGRAM GUIDANCE FOR THIRD-PARTY MEDICAL BILLING COMPANIES, 63 Fed. Reg. 70,138, 70,144-45 (Dec. 18, 1998) (advising "all billing companies, large or small [and] regardless of the type of services provider" to "establish policies and procedures, as well as responsibility, for timely and appropriate [] resolution of [] overpayments") (emphasis added).
- 136. Yet, as deposition testimony shows, the EIP team at CSC did not react to those 39,000 overpayments with any urgency and did not heed its obligation to refund those overpayments within 30 days, as required by Medicaid regulations.
- 137. Further, even though CSC had notice by August 2011 that it had not been effective in refunding overpayments to Medicaid, CSC did not undertake any comprehensive efforts to identify instances where it had received duplicate payments from private insurers and Medicaid and failed to refund Medicaid. Indeed, CSC's claims database and Medicaid claims data show, CSC continued to retain duplicate payments until at least April 2013, *i.e.*, well after the Government and New York State had launched an investigation in this matter.

FIRST CLAIM

Violations of the False Claims Act: Presenting False Claims for Payment (31 U.S.C. § 3729(a)(1) (2000), and, as amended, 31 U.S.C. § 3729(a)(1)(A))

- 138. The United States incorporates by reference paragraphs 1 through 137 above as if fully set forth in this paragraph.
- 139. The United States seeks relief against CSC and the City under Section 3729(a)(1) of the False Claims Act, 31 U.S.C. § 3729(a)(1) (2000), and, as amended, 31 U.S.C. § 3729(a)(1)(A).
- 140. As a result of their orchestrating the billing fraud schemes described above, CSC and the City presented claims for reimbursement to Medicaid, and/or caused such claims to be presented to Medicaid, that were false or fraudulent.
- 141. Accordingly, CSC and the City knowingly presented and/or caused to be presented false or fraudulent claims for payment or approval in violation of 31 U.S.C. § 3729(a)(1) (2000), and, as amended, 31 U.S.C. § 3729(a)(1)(A).
- 142. By reason of the false or fraudulent claims that CSC and the City knowingly presented and/or caused to be presented to Medicaid, the United States has been damaged in a substantial amount to be determined at trial, and is entitled to recover treble damages plus a civil monetary penalty for each false claim.

SECOND CLAIM

Violations of the False Claims Act: Use of False Statements (31 U.S.C. § 3729(a)(1)(B) (Supp. 2009))

- 143. The United States incorporates by reference paragraphs 1 through 137 above as if fully set forth in this paragraph.
- 144. The United States seeks relief against CSC and the City under Section 3729(a)(1)(B) of the False Claims Act, 31 U.S.C. § 3729(a)(1)(B) (Supp. 2009).

- 145. As a result of their orchestrating the billing fraud schemes described above, CSC and the City made false records or statements that were material to getting false or fraudulent claims paid by Medicaid.
- 146. More specifically, CSC and the City falsely certified, stated, and/or represented that the claims they were submitting complied with Medicaid's secondary payor requirements and also transmitted false diagnostic information and data to Medicaid.
- 147. Accordingly, CSC and the City knowingly caused the use of false records or statements material to false or fraudulent claims for payment or approval in violation of 31 U.S.C. § 3729(a)(1)(B).
- 148. By reason of these false records or statements that CSC and the City caused, the United States has been damaged in a substantial amount to be determined at trial and is entitled to recover treble damages plus a civil monetary penalty for each false record or statement.

THIRD CLAIM

Violations of the False Claims Act: Conspiring to Violate the False Claims Act (31 U.S.C. § 3729(a)(3) (1986) and, as amended, 31 U.S.C. § 3729(a)(1)(C))

- 149. The United States incorporates by reference paragraphs 1 through 137 above as if fully set forth in this paragraph.
- 150. The United States seeks relief against CSC and the City under Section 3729(a)(3) of the False Claims Act, 31 U.S.C. § 3729(a)(3) (1986), and, as amended, 31 U.S.C. § 3729 (a)(1)(C).
- 151. As set forth above, CSC and the City conspired to present false or fraudulent claims to Medicaid and to make and use false statements or information in connection with getting claims paid by Medicaid.
- 152. Accordingly, CSC and the City conspired to defraud the United States by getting false or fraudulent claims allowed or paid, in violation of 31 U.S.C. § 3729(a)(3) (1986),

and conspired to commit violations of 31 U.S.C. §§ 3729(a)(1)(A) and 3729(a)(1)(B), in violation of 31 U.S.C. § 3729 (a)(1)(C) (2009).

153. By reason of the false or fraudulent claims that CSC and the City conspired to get allowed or paid or by reasons of their conspiracy to violate 31 U.S.C. §§ 3729(a)(1)(A) and 3729(a)(1)(B), the United States has been damaged in a substantial amount to be determined at trial and is entitled to recover treble damages plus a civil monetary penalty for each false claim.

FOURTH CLAIM

Violations of the False Claims Act: Presenting False Claims for Payment (31 U.S.C. § 3729(a)(1) (2000), and, as amended, 31 U.S.C. § 3729(a)(1)(A))

- 154. The United States incorporates by reference paragraphs 1 through 137 above as if fully set forth in this paragraph.
- 155. The United States seeks relief against CSC under Section 3729(a)(1) of the False Claims Act, 31 U.S.C. § 3729(a)(1) (2000), and, as amended, 31 U.S.C. § 3729(a)(1)(A) .
- 156. By falsely representing to Medicaid the nature of its compensation arrangement with the City and then submitting claims to Medicaid while it operated under an incentive contract that violated 18 N.Y.C.R.R. §§ 360-7.5(c), 504.9(a)(1) and 514.2(b)(14) and 42 C.F.R. § 440.10(f), CSC presented claims to Medicaid that were false or fraudulent. Accordingly, CSC knowingly presented false or fraudulent claims for payment or approval in violation of 31 U.S.C. § 3729(a)(1) (2000), and, as amended, 31 U.S.C. § 3729(a)(1)(A).
- 157. By reason of the false or fraudulent claims that CSC knowingly presented to Medicaid, the United States has been damaged in a substantial amount to be determined at trial, and is entitled to recover treble damages plus a civil monetary penalty for each false claim.

FIFTH CLAIM

Violations of the False Claims Act: Use of False Statements (31 U.S.C. § 3729(a)(1)(B) (Supp. 2009))

158. The United States incorporates by reference paragraphs 1 through 137 above as

if fully set forth in this paragraph.

- 159. The United States seeks relief against CSC under Section 3729(a)(1)(B) of the False Claims Act, 31 U.S.C. § 3729(a)(1)(B) (Supp. 2009).
- 160. CSC falsely stated and/or represented to Medicaid that its payment from the City was based on a monthly fixed fee and concealed from Medicaid that, under its incentive contract with the City, CSC's compensation was related to the level of collections from Medicaid. CSC used that false statement or representation to enroll as a Medicaid billing agent and obtain a billing identification number, and CSC then used the billing identification number to submit claims to Medicaid that were false or fraudulent.
- 161. Accordingly, CSC knowingly used false records or statements material to false or fraudulent claims for payment or approval in violation of 31 U.S.C. § 3729(a)(1)(B).
- 162. By reason of these false records or statements that CSC made, the United States has been damaged in a substantial amount to be determined at trial and is entitled to recover treble damages plus a civil monetary penalty for each false record or statement.

SIXTH CLAIM

Unjust Enrichment

- 163. The United States incorporates by reference paragraphs 1 through 137 above as if fully set forth in this paragraph.
- 164. As set forth above, Medicaid issued reimbursements to the City based on false or fraudulent claims for EIP services that were submitted under one or more of the billing fraud schemes alleged above.
- 165. The circumstances of the City's and CSC's receipt of monies based on false claims submitted under one or more of the billing fraud schemes alleged above are such that, in equity and in good conscience, the City and CSC should not retain such monies, the amount of

which is to be determined at trial.

166. By reason of the City's and CSC's unjust enrichment, the United States is entitled to disgorgement of all monies that the City and CSC earned as a result of the billing fraud schemes alleged above and/or imposition of a constructive trust in favor of the Government on those monies.

SEVENTH CLAIM

Payment by Mistake of Fact

- 167. The United States incorporates by reference paragraphs 1 through 137 above as if fully set forth in this paragraph.
- 168. The United States seeks relief against the City to recover the Medicaid reimbursements obtained by the City for EIP services that were made as a result of mistaken understandings of fact. Medicaid made payments to the City for EIP services under the erroneous belief that the City was entitled to such payments. Specifically, in making such claims, Medicaid reasonably relied upon and assumed that the City, consistent with its express certifications, had complied with applicable Medicaid rules and regulations and provided accurate and complete data and information. This erroneous belief was material to Medicaid's decision to pay these claims.
- 169. Under such circumstances, the United States' expenditure of federal funds under the Medicaid program was by mistake and was not authorized. The City, thus, is liable to account for and repay such funds, in an amount to be determined at trial, to the United States.

PRAYER FOR RELIEF

WHEREFORE, plaintiff, the United States, requests that judgment be entered in its favor as follows:

(a) On the First, Second, and Third Claims for relief (violations of the FCA, 31 U.S.C. §§ 3729(a)(1), as amended, 31 U.S.C. §§ 3729(a)(1)(A);

- 3729(a)(1)(B); and 3729(a)(3), as amended, 3729(a)(1)(C)), a judgment against CSC and the City for treble the United States' damages, in an amount to be determined at trial, plus an \$11,000 penalty for each false claim submitted in violation of the FCA;
- (b) On the Fourth and Fifth Claims for relief (violations of the FCA, 31 U.S.C. §§ 3729(a)(1), as amended, 31 U.S.C. §§ 3729(a)(1)(A), and 3729(a)(1)(B)), a judgment against CSC for treble the United States' damages, in an amount to be determined at trial, plus an \$11,000 penalty for each false claim submitted in violation of the FCA;
- (b) On the First, Second, Third, Fourth, and Fifth Claims for relief, an award of costs pursuant to 31 U.S.C. § 3729(a)(3);
- (c) On the Sixth Claim for relief (Unjust Enrichment), a judgment against CSC and the City for the damages sustained and amounts by which they retained illegally obtained monies, plus interest, costs, and expenses;
- (d) On the Seventh Claim for relief (Payment by Mistake of Fact), a judgment against the City for the damages sustained and amounts by which the City retained illegally obtained monies, plus interest, costs, and expenses; and
- (e) for such further relief as is proper.

Dated: New York, New York September 2, 2016

PREET BHARARA
United States Attorney for the
Southern District of New York

By: /s/ Li Yı

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Telephone: (212) 637-2734/2774

Email: li.yu@usdoj.gov

rebecca.tinio@usdoj.gov Attorneys for the United States

Exhibit A

(1) ETIN BTVT 0 'E 000 'S Z T 603 (2) BILLING SERVICE NAME (IF APPLICABLE)	CSC Covan	wys ;
eMedny/Medicaid management information sy	STEM	70 Y
CERTIFICATION STATEMENT FOR PROVIDER BILLING	MEDICAID	- W
(3) As of (date) 5 23 09, all claims submitted electronically or on paper to the State® Medicaid furnished	fiscal agent, for services or	supplies
(4) by (provider name) Dept. of Healthy Mental Hygiene (5) (8-digit Medicaid Provider Number REQUIRED)	01426888	
(6) (10-digit National Provider ID (NPI) REQUIRED unless exempted from NPI)	11949411	20
will be subject to the following certification.		
participate in the New York State Medical Assistance Program and in the profession or specialties, if any persons providing services, care and supplies have the necessary licensing, certification, training and exhave reviewed these claims; I (or the entity) have furnished or caused to be furnished the care, servie accordance with applicable federal and state laws and regulations; I have read the eMedNY Provider Ma made in full compliance with the pertinent provisions of the Manual and revisions; all claims for care, services and supplies for which claim is made are medically necessary from amounts listed are due and, except as noted, no part thereof has been paid by, or to the best of my knowly than the Medical Assistance Program; payment of fees made in accordance with established schedules claim rejected or denied or one for adjustment, no previous claim for the care, services and supplies STATEMENTS, DATA AND INFORMATION TRANSMITTED ARE TRUE, ACCURATE AND COMPLETE MATERIAL FACT HAS BEEN OMITTED; I UNDERSTAND THAT PAYMENT AND SATISFACTION OF STATE AND LOCAL PUBLIC FUNDS AND THAT I MAY BE FINED AND/OR PROSECUTED UNDER A FOR ANY VIOLATION OF THE TERMS OF THIS CERTIFICATION, INCLUDING BUT NOT LIMITED DOCUMENTS, OR CONCEALMENT OF A MATERIAL FACT; taxes from which the State is exempt are services and supplies provided including all records which are necessary to disclose fully the extent individuals under the New York State Medical Assistance Program will be kept for a period of six years from information regarding these claims and payment therefor shall be promptly furnished upon request to the lo Department of Health, the Office of the Medicaid Inspector General, the State Medicaid Fraud Control Unit and Human Services; there has been compliance with the Federal Civil Rights Act of 1964 and with sections of the statute of title 18 of the Official Compilation on the basis of race, color, national origin, handicap, age, sto comply with the requirement of 42 CFR Part 455 relating to disclosures by providers; the St	sperience to perform the claim coes, and supplies itemized an unual and all revisions thereto; rvices and supplies provided impliance with the procedures or the treatment of the named edge is payable from any other is accepted as payment in ful itemized has been submitted TO THE BEST OF MY KNO. THIS CLAIM WILL BE FRO PPLICABLE FEDERAL AND TO TO FALSE CLAIMS, STAT excluded; all records pertaining of care, services and supplies in the date of payment, and suc call Department of Social Services the Secretary of the Department of Social Services and religion; I agree (or the York through its fiscal agent of smaller its automated processis and supplies furnished. and bound by all rules, regular Medicaid Inspector General er publications of the Department (or the entity) shall be subjecties, standards, fee codes and	ned services; I dd done so in all claims are at the order of set forth in the d recipient, the er source other it; other than a or paid; ALL WLEDGE; NO M FEDERAL, STATE LAWS TEMENTS OR to the the care, as provided to the records and tices, the State ment of Health silitation Act of entity agrees) or otherwise is the state of the care, as set forth in the care, and the care in the care in the care, as set forth in the care, and the care in the
I UNDERSTAND THAT MY SIGNATURE HEREON THE ABOVE CERTIFICATION TO ALL CLAIMS SUBMITTED ELECTRONICALLY OR ON PAPER, USING I ENTITYIS) NPI OR MEDICAID PROVIDER IDENTIFICATION NUMBER. THIS CE	MY (OR THE	PLEASE DO NOT
REMAINS IN EFFECT AND APPLIES TO ALL CLAIMS UNTIL SUPERSEDED E PROPERLY EXECUTED CERTIFICATION STATEMENT.	Y ANOTHER	STAPLE OR WRITE IN BAR
Low S-22	-09	CODE AREA
(9) (Print Name and Title) Louis Rosen, Director Ficed Operation	<u> </u>	
	101.3	
(10) (Telephone #) (212) 219-5274 (11) (eMail, if available) 100000 (health, no state of New York (12)	1c. gov	
, to me know and known to me to the individual described in a Notary Public, executed the foregoing instrument, and (s)he acknowledge to me that (s)he executed the same.	Wash County	
(SEAL) Commission Expire	es November 30, 20 10	
E09175.0003.014 PR15200-R1117 (Rev. 6/20/2008) Charles S. Brownia	7	

Exhibit B

TOD 2000 291013 (1) ETIN AAM (2) BILLING SERVICE NAME (IF APPLICABLE)
eMedNY/MEDICAID MANAGEMENT INFORMATION SYSTEM
, CERTIFICATION STATEMENT FOR PROVIDER BILLING MEDICAID
(3) As of (date) 5 21 10, all claims submitted electronically or on paper to the State's Medicaid fiscal agent, for services or supplies furnished
(4) by (provider name) COVANSYS CORPORATION) (8-digit Medicaid Provider Number - REQUIRED)
(6) (10-digit National Provider ID (NPI) — REQUIRED unless exempted from NPI) will be subject to the following certification.
I am (or the business entity named in this form of which I am a partner, officer, or director is) a qualified provider enrolled with and authorized to participate in the New York State Medical Assistance Program and in the profession or specialities; if any, required in connection with this claim; the persons providing services, care and supplies have the necessary licensing, certification, training and experience to perform the claimed services; I have reviewed these claims; I (or the entity) have furnished or caused to be furnished the care, services and supplies fernized and done so in accordance with applicable federal and state leaves and regulations; I have read the eMedNY Provider Manual and all revisions thereto; all claims are made in full compliance with the pertinent provisions of the Manual and revisions; and compliance with the procedures set forth in the manual and revisions. All care, services and supplies for which claim is made are medically necessary for the treatment of the named recipient, the amounts listed are due and, except as noted, no part thereof has been paid by, or to the best of my knowledge is payable from any other source other than the Medical Assistance Program; payment of fees made in accordance with established schedules is accepted as payment in full; other than a claim rejected or denied or one for adjustment, no previous claim for the care, services and supplies itemized has been submitted or paid; ALL STATEMENTS, DATA AND INFORMATION TRANSMITTED ARE TRUE, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. NO MATERIAL FACT HAS BEEN OMNITTED; I UNDERSTAND THAT PAYMENT AND SATISFACTION OF THE SCLAIM WILL BE FROM FEDERAL, STATE AND LOCAL PUBLIC FUNDS AND THAT I MAY BE FINED AND/OR PROSECUTED UNDER APPLICABLE FEDERAL AND STATE LAWS FOR ANY VIOLATION OF THE TERMS OF THIS CERTIFICATION, INCLUDING BUT NOT LIMITED TO FALSE CLAIMS, STATEMENTS OR DOCUMENTS, OR CONCEALMENT OF A MATERIAL FACT; taxes from which the State is exempt are excluded; all records pertaining to the care, servi
I UNDERSTAND THAT MY SIGNATURE HEREON THE ABOVE CERTIFICATION WILL APPLY TO ALL CLAIMS SUBMITTED ELECTRONICALLY OR ON PAPER, USING MY (OR THE ENTITYIS) NPI OR MEDICAID PROVIDER IDENTIFICATION NUMBER. THIS CERTIFICATION REMAINS IN EFFECT AND APPLIES TO ALL CLAIMS UNTIL SUPERSEDED BY ANOTHER PROPERLY EXECUTED CERTIFICATION STATEMENT. ON THE PROPERTY OF THE PROPERTY
(7) (Signature) (B) (Date) 6/8/2010
(9) (Print Name and THE JAY SAUNDERS, PRODUCT MANAGER
(10) (Telephone #) 913-769-8700 (11) (eMail, if available) jsaundes 4@ CSC.com
STATE OF KONSON (12)
On this day of, 20_10, before me personally came
executed the scenario instrument, sed (s) he acknowledge to me that (s) he executed the same.
(SEAL) PATRICIA FAWKS
My Commission Expires 3/13/2011 NOTARY PUBLIC NOTARY PUBLIC

Exhibit C

Sample Claims Submitted to Medicaid Prior to Having Been Submitted to Private Insurers

				Amount		Medicaid			d-Party Payo	irs
	•			Amount	Earliest			Earliest	Culturalisment	
•			Date of	Paid to	Submitted	Submitted	Received	Submitted		Received
ICN .	Provclaimnum	Frclaimid	Service	Provider	Date	Amount	Amount	Date	Amount	Amount
0901300009532220	76950596-1	143956026		\$90		\$90	\$0		\$90	\$0
0901300009533620	76950619-3	143942540		\$90		\$90	\$0	20091212	\$90	\$0
0901300009546920	76950635-4	144009974		\$90		\$90	\$0		\$90	\$0
0901300009541520	76950647-5	143940074		\$90		\$90	\$0	20091212	\$90	\$0
0901300009565520	76950657-6	143943499		\$90	20090108	\$90	\$0	20091212	\$90	\$0
0901200102896620	76882777 -1	143927909		\$90	20090108	\$90	\$90	20091212	\$90	\$0
0901200102895620	76882777-2	143932944		\$90	20090108	\$90	\$90	20091212	\$90	\$0
0901200104520820	768 1 1929-1	143902529		\$90	20090108	\$90	\$90		\$90	\$0
0901200102897020	76882777-3	143927910		\$90		\$90	\$90		\$90	\$0
0901200102896220	76882777-4	143932945	20080616	\$90	1	\$90	\$90		\$90	\$0
0901200104534720	76811929-2	143901419	20080617	\$90	20090108	\$90	\$90	20100606	\$90	\$0
0901200104536220	76811929-3	1 44003674	20080621	\$90	20090108	\$90	\$90		\$90	\$0
0901200102886920	76891004-1	143947215	20080623	\$90	20090108	\$90	\$90		\$90	\$0
0901200104535220	76811929-4	143901420	20080624	\$90	20090108	\$90	\$90		\$90	\$0
0901200102901020	76891004-2	143928966	20080625	\$90		\$90	\$90		\$90	\$ 0
0901200104543120	76811929-5	143901940	20080628	\$90	20090108	\$90	\$90		\$90	\$0
0901200102890120	76891004-3	143930062	20080630	\$90	20090108	\$90	\$90	20091212	\$90	\$0
0901200104528520	76811929-6	143903212	20080701	\$90	20090108	\$90	\$90	20100606	\$90	\$0
0901200067917420	76820460-1	143909965	20080701	\$90	20090108	\$90	\$90	20100606	\$90	\$0
0901300033032820	76912019-1	144008790	20080701	\$90	20090108	\$90	\$90	20100606	\$90	\$0
0901200069632920	76928052-1	143935893	20080701	\$90	20090108	\$90	\$0	20091213	\$90	\$0
1011700103548021	76928410-1	144009310	20080701	\$90	20090108	\$90	\$90	20091212	\$90	\$0
0901200102891620	76891004-4	143930063	20080702	\$90	20090108	\$90	\$90	20091212	\$90	\$0
1011700104544821	76927697-5	143935669	20080702	\$90	20090108	\$90	\$90	20091212	\$90	\$0
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\Box					<u> </u>	<u> </u>	Medicaid		Thi	rs	
					Amount	Earliest			Earliest	Culcustates	Danstord
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1050,000,3313551	120201012	141,2013/		450		,	T		•	

						Medicaid		l	rd-Party Payo	ors
			D	Amount	Earliest	e.d.	Develor :	Earliest	e. L	B 1 1
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١					Amount	Earliest			Earliest		
l				Date of	Paid to	Submitted	Submitted	Received	Submitted	Submitted Amount	Received Amount
L	1CN	Provclaimnum	Frclaimid	Service	Provider	Date	Amount	Amount	Date		
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0907600181998220	79112470-8	145641835	20081204	\$90	20090314	. \$90	\$90	20100222	\$90	Ş

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			Sata of	Amount Paid to	Earliest	Culonitional	Bossined	Earliest Submitted	Submitted	Received
ICN	Provolaimnum	Frclaimid	Date of Service	Provider	Submitted Date	Submitted Amount	Received Amount	Date	Amount	Amount
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			Date of	Paid to	Submitted	Submitted		Submitted		Received
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0907700039282920	789575 1 7-3	145597562		\$90 \$90	20090314	0e¢ 0e¢	\$0 \$90	20100523	\$90	\$0 \$0
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10194-000155001-2-1	79399429-5	T47\T207T	20030102	امحد	20050314	לפל	\$90	20100526	⊅ 30	امخ

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				Amount	Earliest	6.1	Barriad	Earliest	Culturalistand	Donoisod
	B	Fueletanial	Date of	Paid to Provider	Submitted Date	Submitted Amount	Received Amount	Submitted Date	Submitted Amount	Received Amount
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				Amount	Earliest			Earliest	Submitted	Received
			Date of	Paid to	Submitted Date	Submitted Amount	Received Amount	Submitted Date	Amount	Amount
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Exhibit D

Default Policy ID	Provider Claim		Service	Medicaid	Medicaid
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99999999	92518423-1	1114000031361720	20110404	20110517	81.00
99999999	92518428-2	1114000031362120	20110406	20110517	81.00

Default Policy ID	Provider Claim		Service	Medicaid	Medicaid
Inserted by CSC	Number	ICN	Date	Submission Date	Payment
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99999999	87623403-1	1114000006247722	20100521	20110518	214.00
99999999	87742646-2	1114000006267420	20100519	20110518	155.00
99999999	87881474-1	1114000021654020	20100318	20110518	206.00
99999999	88031880-1	1114000006284820	20100529	20110518	155.00
99999999	88146703-1	1114000006269020	20100524	20110518	514.00
99999999	88146704-1	1114000006270120	20100526	20110518	214.00
99999999	88146705-1	1114000006270520	20100527	20110518	214.00
99999999	88316203-1	1114000006232120	20100602	20110518	81.00
99999999	88316209-2	1114000006232520	20100603	20110518	81.00
99999999	88316213-3	1114000006233120	20100610	20110518	81.00
99999999	88316218-4	1114000006233920	20100615	20110518	81.00
99999999	88316223-5	1114000006234620	20100617	20110518	81.00
99999999	88316226-6	1114000006235120	20100622	20110518	81.00
99999999	88316231-7	1114000006236020	20100624	20110518	81.00
99999999	88316235-8	1114000006236920	20100629	20110518	81.00
99999999	88345204-1	1114000006088022	20100601	20110518	81.00
99999999	88345204-12	1114000006091322	20100603	20110518	81.00
99999999	88345204-2	1114000006088422	20100603	20110518	81.00
99999999	88345204-3	1114000006088922	20100608	20110518	81.00
99999999	88345204-4	1114000006089622	20100610	20110518	81.00
99999999	88345204-6	1114000006090322	20100617	20110518	81.00
99999999	88345204-8	1114000006090722	20100628	20110518	81.00
99999999	88345204-9	1114000006091022	20100705	20110518	81.00
99999999	88353578-1	1114000005260022	20100427	20110518	81.00
99999999	88353583-2	1114000005260522	20100430	20110518	81.00
99999999	88353594-3	1114000005260922	20100516	20110518	81.00
99999999	88353607-1	1114000005261022	20100608	20110518	81.00
99999999	88353608-2	1114000005261522	20100610	20110518	81.00
99999999	88353609-3	1114000005261822	20100611	20110518	81.00
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99999999	88364788-3	1114000006085522	20100610	20110518	81.00
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99999999	88394133-1	1114000005273522	20100603	20110518	81.00
999999999	88394143-3	1114000005274722	20100610	20110518	81.00
99999999	88394147-1	1114000005275522	20100622	20110518	81.00
99999999	88394152-2	1114000005275922	20100624	20110518	81.00

Default Policy ID	Provider Claim		Service	Medicaid	Medicaid
Inserted by CSC	Number	ICN	Date	Submission Date	Payment
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99999999	88397531-3	1114000005710922	20100611	20110518	81.00
99999999	88397538-5	1114000005712722	20100604	20110518	81.00
99999999	88488947-1	1114000006237520	20100602	20110518	81.00
99999999	88488949-2	1114000006238120	20100609	20110518	81.00
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99999999	88488953-5	1114000006239720	20100630	20110518	81.00
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99999999	88497403-1	1114000006262320	20100630	20110518	81.00
99999999	88497407-1	1114000006263020	20100712	20110518	81.00
99999999	88497411-1	1114000006263720	20100714	20110518	81.00
99999999	89002705-1	1114000006271220	20100722	20110518	214.00
99999999	89228091-2	1114000006255520	20100513	20110518	155.00
99999999	89712691-1	1114000006256820	20100719	20110518	81.00
99999999	89712698-1	1114000006257620	20100721	20110518	81.00
99999999	89712706-1	1114000006258220	20100726	20110518	81.00
99999999	89712715-1	1114000006259120	20100728	20110518	81.00
99999999	89712732-1	1114000006259620	20100802	20110518	81.00
99999999	89712742-1	1114000006260320	20100804	20110518	81.00
99999999	89712786-1	1114000006261120	20100811	20110518	81.00
99999999	89715406-1	1114000006271620	20100901	20110518	81.00
99999999	89715409-2	1114000006271920	20100902	20110518	81.00
99999999	89715411-3	1114000006272520	20100903	20110518	81.00
99999999	89715414-4	1114000006272920	20100908	20110518	81.00
99999999	89715416-5	1114000006273520	20100909	20110518	81.00
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99999999	89715424-9	1114000006275920	20100917	20110518	81.00
99999999	89715425-10	1114000006276620	20100922	20110518	81.00
99999999	89715426-11	1114000006277420	20100923	20110518	81.00
99999999	89715427-12	1114000006278020	20100924	20110518	81.00
99999999	90416339-1	1114000018151320	20101110	20110518	214.00
99999999	90416343-1	1114000018152620	20101108	20110518	514.00
99999999	90416345-2	1114000018153220	20101108	20110518	155.00
99999999	90416354-1	1114000018153420	20101114	20110518	214.00
99999999	90416357-2	1114000018153720	20101114	20110518	54.00
99999999	90551170-1	1114000013981820	20101004	20110518	81.00
99999999	90551180-2	1114000013982720	20101006	20110518	81.00
99999999	90551193-3	1114000013984720	20101013	20110518	81.00
99999999	90551209-4	1114000013985620	20101018	20110518	81.00
99999999	90551220-5	1114000013986320	20101020	20110518	81.00
99999999	90551232-6	1114000013987920	20101025	20110518	81.00
99999999	90551245-7	1114000013988720	20101027	20110518	81.00

Default Policy ID	Provider Claim		Service	Medicaid	Medicaid
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99999999	91176247-1	1114000006582320	20101206	20110518	81.00
99999999	91176254-1	1114000006583020	20101208	20110518	81.00
99999999	91176265-1	1114000006583320	20101213	20110518	81.00
99999999	91176269-1	1114000006584120	20101215	20110518	81.00
99999999	91176276-1	1114000006584520	20101220	20110518	81.00
99999999	91176281-1	1114000006585520	20101222	20110518	81.00
99999999	91176289-1	1114000006586220	20101227	20110518	81.00
99999999	91176297-1	1114000006586720	20101229	20110518	81.00
99999999	91192745-1	1114000018154320	20110103	20110518	114.00
99999999	91344867-1	1114000021176920	20101220	20110518	81.00
99999999	91352248-1	1114000018149120	20101226	20110518	114.00
99999999	91353245-1	1114000018147720	20110110	20110518	114.00
99999999	91359140-1	1114000009412120	20101119	20110518	81.00
99999999	91359152-1	1114000009413920	20101122	20110518	81.00
99999999	91359163-1	1114000009414720	20101123	20110518	81.00
99999999	91359176-1	1114000009415920	20101124	20110518	81.00
99999999	91359190-1	1114000009416520	20101129	20110518	81.00
99999999	91370917-1	1114000020639720	20110103	20110518	81.00
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99999999	91370949-3	1114000020640920	20110117	20110518	81.00
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99999999	91410984-2	1114000020527420	20101203	20110518	81.00
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99999999	91411026-6	1114000020528720	20101217	20110518	81.00
99999999	91411037-7	1114000020529020	20101222	20110518	81.00
99999999	91555523-1	1114000009416820	20101130	20110518	81.00
99999999	91555532-1	1114000009417320	20101201	20110518	81.00
99999999	91555564-1	1114000009418720	20101202	20110518	81.00
99999999	91555607-1	1114000009420420	20101207	20110518	81.00
99999999	91555628-1	1114000009421520	20101208	20110518	81.00
99999999	91555653-1	1114000009422320	20101209	20110518	81.00
99999999	91555672-1	1114000009423020	20101214	20110518	81.00
99999999	91575343-1	1114000020529420	20110107	20110518	81.00
99999999	91575349-2	1114000020529720	20110114	20110518	81.00
99999999	91575354-3	1114000020530220	20110121	20110518	81.00
99999999	91575358-4	1114000020530420	20110128	20110518	81.00
99999999	91633839-1	1114000020530920	20110105	20110518	81.00
99999999	91633848-2	1114000020531120	20110107	20110518	81.00
99999999	91633859-3	1114000020531520	20110112	20110518	81.00
99999999	91633869-4	1114000020531920	20110114	20110518	81.00
99999999	91633875-5	1114000020532320	20110119	20110518	81.00
99999999	91734023-1	1114000009173620	20110201	20110518	81.00
99999999	91734023-2	1114000009174720	20110203	20110518	81.00
999999999	91734023-3	1114000009175820	20110208	20110518	81.00

Default Policy ID	Provider Claim		Service	Medicaid	Medicaid
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99999999	91737481-2	1114000020533320	20101107	20110518	81.00
99999999	91770024-1	1114000006641720	20110201	20110518	81.00
99999999	91770024-2	1114000006642020	20110203	20110518	81.00
99999999	91770024-4	1114000006642620	20110210	20110518	81.00
99999999	91770024-6	1114000006642920	20110217	20110518	81.00
99999999	91770024-7	1114000006643720	20110222	20110518	81.00
99999999	91771988-1	1114000011342320	20110201	20110518	81.00
99999999	91771998-2	1114000011343720	20110204	20110518	81.00
99999999	91773999-1	1114000011344920	20110211	20110518	81.00
99999999	91774006-2	1114000011346120	20110212	20110518	81.00
99999999	91779603-1	1114000009176920	20110203	20110518	81.00
99999999	91779603-2	1114000009177820	20110207	20110518	81.00
99999999	91779603-3	1114000009178520	20110210	20110518	81.00
99999999	91784086-1	1114000006646520	20110228	20110518	81.00
99999999	91795168-1	1114000021620020	20110213	20110518	81.00
99999999	91795171-2	1114000021620320	20110210	20110518	81.00
99999999	91795174-3	1114000021620520	20110203	20110518	81.00
99999999	91795178-4	1114000021620720	20110224	20110518	81.00
99999999	91795183-5	1114000021621120	20110223	20110518	81.00
99999999	91795187-6	1114000021621520	20110217	20110518	81.00
99999999	91795191-7	1114000021622120	20110207	20110518	81.00
99999999	91795194-8	1114000021622520	20110216	20110518	81.00
99999999	91795198-9	1114000021622720	20110209	20110518	81.00
99999999	91795201-10	1114000021623120	20110228	20110518	81.00
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99999999	91811275-1	1114000009179120	20110202	20110518	81.00
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99999999	91811275-3	1114000009180920	20110209	20110518	81.00
99999999	91811275-4	1114000009181420	20110210	20110518	81.00
99999999	91811275-5	1114000009181820	20110222	20110518	81.00
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99999999	91813606-2	1114000006646920	20110222	20110518	81.00
99999999	91813611-1	1114000006647420	20110221	20110518	63.00
99999999	91813611-2	1114000006647820	20110222	20110518	63.00
99999999	91813611-3	1114000006648420	20110223	20110518	63.00
99999999	91816483-1	1114000007771120	20101128	20110518	81.00
99999999	91816575-1	1114000020536020	20101112	20110518	81.00
99999999	91816585-2	1114000020536420	20101114	20110518	81.00
99999999	91816602-3	1114000020536720	20101115	20110518	81.00
99999999	91816614-4	1114000020537220	20101121	20110518	81.00
99999999	91816622-5	1114000020537820	20101129	20110518	81.00
99999999	91821075-1	1114000007101620	20110306	20110518	514.00
99999999	91855341-1	1114000010283620	20110205	20110518	155.00
99999999	91899375-1	1114000018811420	20110218	20110518	514.00
99999999	91899381-2	1114000018812120	20110218	20110518	155.00
99999999	91915055-1	1114000018645320	20110207	20110518	514.00

Default Policy ID	Provider Claim		Service	Medicaid	Medicaid
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99999999	91915057-3	1114000018646720	20110216	20110518	214.00
99999999	92016752-1	1114000007031720	20110111	20110518	214.00
99999999	92269368-2	1114000015274020	20110324	20110518	81.00
99999999	92269370-3	1114000015275020	20110330	20110518	81.00
99999999	92352576-1	1114000017037520	20110317	20110518	81.00
99999999	92352587-1	1114000017038120	20110322	20110518	81.00
99999999	92352598-1	1114000017038720	20110324	20110518	81.00
99999999	92352609-1	1114000017039120	20110329	20110518	81.00
99999999	92352659-1	1114000010401220	20110322	20110518	81.00
99999999	92352669-1	1114000010403120	20110329	20110518	81.00
99999999	92394692-1	1114000020183620	20110221	20110518	81.00
99999999	92394707-2	1114000020186220	20110222	20110518	81.00
99999999	92394718-3	1114000020187120	20110228	20110518	81.00
99999999	92395064-1	1114000020187720	20110302	20110518	81.00
99999999	92395077-1	1114000020188020	20110301	20110518	81.00
99999999	92450651-1	1114000021587720	20110330	20110518	81.00
99999999	92450660-1	1114000021588220	20110331	20110518	81.00
99999999	92470621-1	1114000018127120	20110119	20110518	114.00
99999999	92470630-1	1114000018128720	20110210	20110518	114.00
99999999	92470640-1	1114000018129120	20110216	20110518	114.00
99999999	92470643-1	1114000018130020	20110222	20110518	114.00
99999999	92470648-1	1114000018130920	20110301	20110518	114.00
99999999	92470654-1	1114000018131920	20110308	20110518	114.00
99999999	92484730-2	1114000012355820	20110120	20110518	81.00
99999999	92494717-1	1114000021453620	20110318	20110518	81.00
99999999	92512039-1	1114000020914620	20110321	20110518	81.00
99999999	92512051-2	1114000020915220	20110328	20110518	81.00
99999999	92526433-1	1114000014998820	20110324	20110518	81.00
99999999	92534960-1	1114000012381120	20110301	20110518	63.00
99999999	92534963-2	1114000012382920	20110303	20110518	63.00
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99999999	92534983-7	1114000012391520	20110310	20110518	63.00
99999999	92534987-8	1114000012394120	20110315	20110518	63.00
99999999	92534992-9	1114000012395020	20110322	20110518	63.00
99999999	84608266-1	1114500092502020	20090819	20110524	206.00
99999999	87652367-1	1114500089084620	20100521	20110524	155.00
99999999	87652370-1	1114500089087620	20100519	20110524	54.00
99999999	88700334-1	1114500088954420	20100611	20110524	44.75
99999999	88700349-1	1114500088956920	20100621	20110524	52.65
99999999	89004469-1	1114500088949420	20100712	20110524	52.65
99999999	89004488-1	1114500088952220	20100726	20110524	44.75
99999999	89066317-1	1114500088928120	20100706	20110524	64.47
99999999	89522841-6	1114500088735420	20100614	20110524	81.00

Default Policy ID	Provider Claim		Service	Medicaid	Medicaid
Inserted by CSC	Number	ICN	Date	Submission Date	Payment
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99999999	89526223-6	1114500088842820	20100615	20110524	64.30
99999999	89526227-7	1114500088844120	20100629	20110524	52.65
99999999	89587220-4	1114500088868220	20100809	20110524	52.65
99999999	89587223-6	1114500088870520	20100813	20110524	44.75
99999999	89668193-5	1114500088916620	20100831	20110524	81.00
99999999	90207266-1	1114500096010320	20100906	20110524	81.00
99999999	90207605-1	1114500096013120	20100920	20110524	81.00
99999999	90207616-2	1114500096015120	20100922	20110524	81.00
99999999	90208302-1	1114500096021920	20101004	20110524	81.00
99999999	90208310-3	1114500096017020	20101011	20110524	81.00
99999999	90208314-4	1114500096019520	20101013	20110524	81.00
99999999	90208570-2	1114500092052920	20101019	20110524	81.00
99999999	90208578-3	1114500092055320	20101025	20110524	81.00
99999999	90208585-4	1114500092057120	20101026	20110524	81.00
99999999	90208590-1	1114500092058320	20101020	20110524	81.00
99999999	90208595-2	1114500092059820	20101021	20110524	81.00
99999999	90245889-1	1114500093657620	20101101	20110524	81.00
99999999	90246592-4	1114500097000120	20100727	20110524	81.00
99999999	90246614-2	1114500097002020	20100805	20110524	81.00
99999999	90246624-1	1114500097004220	20100901	20110524	81.00
99999999	90246634-3	1114500097006120	20100908	20110524	81.00
99999999	90246645-5	1114500097007920	20100910	20110524	81.00
99999999	90275537-1	1114500092453320	20101003	20110524	81.00
99999999	90295697-1	1114500092593020	20100928	20110524	81.00
99999999	90295699-2	1114500092595520	20101005	20110524	81.00
99999999	90303458-1	1114500094881420	20101026	20110524	81.00
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99999999	91464545-1	1114500093092120	20110119	20110524	81.00
99999999	91464557-1	1114500093092920	20110120	20110524	81.00
99999999	91464568-1	1114500093093620	20110124	20110524	81.00
99999999	91464579-1	1114500093094220	20110126	20110524	81.00
99999999	91464594-1	1114500093094920	20110127	20110524	81.00
99999999	91464603-1	1114500093095320	20110131	20110524	81.00
99999999	91478277-1	1114500092706220	20110104	20110524	81.00
99999999	91478288-2	1114500092709820	20110107	20110524	81.00
99999999	91478297-3	1114500092711020	20110111	20110524	81.00
99999999	91478309-4	1114500092712120	20110113	20110524	81.00
99999999	91478328-5	1114500092713820	20110119	20110524	81.00
99999999	91478338-6	1114500092714920	20110120	20110524	81.00
99999999	91493715-5	1114500093461120	20101115	20110524	81.00
99999999	91498502-4	1114500093649520	20101110	20110524	81.00
99999999	91498530-4	1114500093651020	20101126	20110524	81.00
99999999	91542169-1	1114500093660620	20110131	20110524	63.00

Exhibit E

Provider		Medicaid		
Claim		Service	Submission	Medicaid
Number	ICN	Date	Date	Payment
90420861-1	1112900072435920	20101101	20110508	81.00
90420863-2	1112900072437420	20101104	20110508	81.00
90430212-1	1112900095634520	20101110	20110508	81.00
90430228-2	1112900095625020	20101101	20110508	81.00
90430247-3	1112900095633620	20101108	20110508	81.00
90430258-4	1112900095629920	20101103	20110508	81.00
90447844-1	1112900091403720	20101105	20110508	81.00
90447864-1	1112900091404420	20101110	20110508	81.00
90472815-1	1112900089846620	20101031	20110508	214.00
90472816-2	1112900089847920	20101031	20110508	54.00
90580382-1	1112900078399720	20101017	20110508	81.00
90580391-1	1112900078400320	20101020	20110508	81.00
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90580416-1	1112900078401720	20101101	20110508	81.00
90580423-1	1112900078402520	20101107	20110508	81.00
90580438-1	1112900078403120	20101108	20110508	81.00
90580448-1	1112900078404020	20101115	20110508	81.00
90580458-1	1112900078404420	20101126	20110508	81.00
90582349-1	1112900073575620	20101124	20110508	214.00
90582372-1	1112900085089520	20101125	20110508	214.00
90588244-1	1112900093350220	20101117	20110508	81.00
90603862-15	1112900095635320	20101115	20110508	81.00
90603908-19	1112900095637020	20101117	20110508	81.00
90609119-1	1112900088761620	20101103	20110508	81.00
90609120-2	1112900088762620	20101104	20110508	81.00
90609122-3	1112900088763620	20101110	20110508	81.00
90609124-4	1112900088764220	20101111	20110508	81.00
90609126-5	1112900088765220	20101117	20110508	81.00
90609127-6	1112900088769620	20101118	20110508	81.00
90609129-7	1112900088771720	20101124	20110508	81.00
90609131-8	1112900088773020	20101126	20110508	81.00
90714318-1	1112900084655420	20101115	20110508	514.00
90714322-1	1112900084657020	20101110	20110508	214.00
90766852-4	1112900072862820	20101129	20110508	81.00
90766899-9	1112900072863320	20101115	20110508	81.00
90766960-17	1112900072864120	20101122	20110508	81.00
90766968-18	1112900072864620	20101118	20110508	81.00
90779349-1	1112900073741920	20101101	20110508	81.00
90779366-3	1112900073743220	20101108	20110508	81.00
90779385-5	1112900073744120	20101115	20110508	81.00
90779401-7	1112900073744320	20101122	20110508	81.00
90779416-9	1112900073745020	20101129	20110508	81.00
90813733-1	1112900085180520	20101212	20110508	214.00
90821278-1	1112900093351520	20101201	20110508	81.00
90821280-2	1112900093352720	20101202	20110508	81.00

Provider	Medicaid			
Claim		Service	Submission	Medicaid
Number	ICN	Date	Date	Payment
90821288-3	1112900093354320	20101205	20110508	81.00
90821293-4	1112900093356220	20101206	20110508	81.00
90821303-5	1112900093357320	20101207	20110508	81.00
90821307-6	1112900093359020	20101208	20110508	81.00
90821441-1	1112900073816020	20101207	20110508	81.00
90821444-2	1112900073816620	20101209	20110508	81.00
90837980-1	1112900095637920	20101129	20110508	81.00
90837991-2	1112900095639320	20101201	20110508	81.00
90837998-3	1112900095641020	20101206	20110508	81.00
90854282-1	1112900085359220	20101209	20110508	214.00
90854284-2	1112900085362720	20101202	20110508	214.00
90854290-6	1112900085363920	20101209	20110508	214.00
90868614-1	1112900091394520	20101117	20110508	81.00
90868624-1	1112900091396520	20101119	20110508	81.00
90868635-1	1112900091397920	20101121	20110508	81.00
90868644-1	1112900091399320	20101124	20110508	81.00
90868654-1	1112900091400320	20101213	20110508	81.00
90935777-1	1112900075736520	20101124	20110508	81.00
90965026-3	1112900085165620	20101128	20110508	214.00
90965028-5	1112900085169020	20101124	20110508	214.00
90965030-7	1112900085169420	20101129	20110508	214.00
90965032-9	1112900085170220	20101125	20110508	214.00
90987640-1	1112900085732420	20101223	20110508	214.00
90989033-1	1112900073812220	20101213	20110508	81.00
90989037-2	1112900073813120	20101215	20110508	81.00
90989040-3	1112900073813820	20101222	20110508	81.00
90989042-4	1112900073814820	20101223	20110508	81.00
90989047-1	1112900073815420	20101213	20110508	81.00
91028599-1	1112900088729620	20101208	20110508	81.00
91028600-2	1112900088733120	20101209	20110508	81.00
91028601-3	1112900088735120	20101215	20110508	81.00
91028602-4	1112900088735620	20101216	20110508	81.00
91028603-5	1112900088736020	20101222	20110508	81.00
91028604-6	1112900088736620	20101223	20110508	81.00
91028605-7	1112900088737120	20101229	20110508	81.00
91028606-8	1112900088737720		20110508	81.00
91045384-1	1112900078366120	20101219	20110508	81.00
91045387-1	1112900078367320	20101226	20110508	81.00
91139324-1	1112900075738820	20101124	20110508	81.00
91145523-6	1112900072392920	20110103	20110508	63.00
91146453-1	1112900085364820	20110113	20110508	81.00
91171368-1	1112900091384020	20101228	20110508	81.00
91171374-1	1112900091393620		20110508	81.00
91173088-1	1112900080886520	20110103	20110508	81.00
91173096-1	1112900080888320	20110104	20110508	81.00
91173107-1	1112900080889020	20110105	20110508	81.00

Provider			Medicaid	
Claim		Service	Submission	Medicaid
Number	ICN	Date	Date	Payment
91173119-1	1112900080889420	20110106	20110508	81.00
91173131-1	1112900080891020	20110110	20110508	81.00
91173141-1	1112900080892120	20110112	20110508	81.00
91173714-1	1112900087602920	20110102	20110508	81.00
91173717-1	1112900087605020	20110103	20110508	81.00
91173721-1	1112900087607720	20110104	20110508	81.00
91173724-1	1112900087608920	20110106	20110508	81.00
91173727-1	1112900087609520	20110111	20110508	81.00
91346917-1	1114000021270120	20101223	20110518	81.00
91347727-1	1114000017742720	20101111	20110518	514.00
91347991-1	1114000019173820	20110103	20110518	63.00
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91347991-3	1114000019176020	20110106	20110518	63.00
91347991-4	1114000019176120	20110111	20110518	63.00
91347991-5	1114000019176720	20110113	20110518	63.00
91347991-6	1114000019177720	20110114	20110518	63.00
91347991-7	1114000019178120	20110118	20110518	63.00
91348157-1	1114000021360420	20110101	20110518	81.00
91348158-2	1114000021360920	20110105	20110518	81.00
91348159-3	1114000021361320	20110112	20110518	81.00
91348160-4	1114000021362220	20110119	20110518	81.00
91348161-5	1114000021362620	20110126	20110518	81.00
91348166-1	1114000021295120	20110117	20110518	81.00
91348166-2	1114000021295520	20110122	20110518	81.00
91348166-3	1114000021295920	20110124	20110518	81.00
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91348960-1	1114000021296620	20101206	20110518	81.00
91348977-1	1114000021297120	20101207	20110518	81.00
91348989-1	1114000021297620	20101213	20110518	81.00
91349001-1	1114000021298120	20101214	20110518	81.00
91349014-1	1114000021298420	20101220	20110518	81.00
91349025-1	1114000021298620	20101221	20110518	81.00
91349034-1	1114000021299120	20101228	20110518	81.00
91349051-1	1114000021299420	20101231	20110518	81.00
91351564-1	1114000019552020	20101119	20110518	81.00
91351566-1	1114000019553020	20101122	20110518	81.00
91351622-1	1114000009893920	20110110	20110518	114.00
91351623-1	1114000009896620	20110117	20110518	114.00
91351624-1	1114000009898820	20110120	20110518	81.00
91351625-1	1114000009899520	20110124	20110518	81.00
91351626-1	1114000009899820		20110518	81.00
91351627-1	1114000009900820	20110120	20110518	81.00
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91351702-1	1114000008556220	20110103	20110518	81.00
91351710-2	1114000008556720	20110105	20110518	81.00

Provider	Medicaid			
Claim		Service	Submission	Medicaid
Number	ICN	Date	Date	Payment
91351775-1	1114000021605720	20101129	20110518	81.00
91351773-1	1114000021605720	20101129	20110518	81.00
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91351866-2	1114000008555120	20110114	20110518	81.00
91351800-2	1114000008555920	20110121	20110518	81.00
91351949-1	1114000008535320	20110117	20110518	81.00
91352227-1	1114000021603220	20101201	20110518	81.00
91352235-2	1114000021604220	20101214	20110518	81.00
91352246-3	1114000021604820	20101210	20110518	81.00
91352256-4	1114000021604820	20101221	20110518	81.00
91352276-1	1114000021002720	20110112	20110518	81.00
91353141-1	1114000013407320	20110111	20110518	81.00
91353141-1	1114000007925520	20110111	20110518	81.00
91353144-2	1114000007925920	20110113	20110518	81.00
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91353159-4	1114000007927620	20110120	20110518	81.00
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91354222-11	1114000016964620	20101217	20110518	81.00
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91354222-16	1114000016968520	20101223	20110518	81.00
91354222-17	1114000016969120	20101227	20110518	81.00
91354222-18	1114000016970020	20101228	20110518	81.00
91354222-19	1114000016970720		20110518	81.00
91354222-2	1114000016959020		20110518	81.00
91354222-20	1114000016971420		20110518	81.00
91354222-3	1114000016959520		20110518	81.00
91354222-4	1114000016959720	20101203	20110518	81.00
91354222-5	1114000016960620	20101206	20110518	81.00
91354222-6	1114000016961220	20101207	20110518	81.00
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91354222-8	1114000016962420	20101209	20110518	81.00
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91354342-2	1114000020977020	20101030	20110518	81.00
91354344-3	1114000020977520	20101018	20110518	81.00
91354346-4	1114000020978220	20101019	20110518	81.00
91354348-5	1114000020978620	20101020	20110518	81.00
91354350-6	1114000020978820	20101022	20110518	81.00
91354351-7	1114000020979420	20101023	20110518	81.00
91354353-8	1114000020979720	20101025	20110518	81.00
91354355-9	1114000020980320	20101026	20110518	81.00
91354357-10	1114000020980820	20101028	20110518	81.00

Provider			Medicaid	
Claim		Service	Submission	Medicaid
Number	ICN	Date	Date	Payment
91354359-11	1114000020981020	20101008	20110518	81.00
91354360-12	1114000020981520	20101009	20110518	81.00
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91354364-14	1114000020982520	20101016	20110518	81.00
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91357319-4	1114000016201220	20110114	20110518	81.00
91357319-5	1114000016202520	20110116	20110518	81.00
91357319-6	1114000016203120	20110117	20110518	81.00
91357355-1	1114000021441120	20110120	20110518	81.00
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91358312-1	1114000015955820	20110124	20110518	81.00
90982835-2	1114500092513020	20101213	20110524	81.00
90982844-3	1114500092513720	20101216	20110524	81.00
90982853-4	1114500092514520	20101220	20110524	81.00
90982859-5	1114500092515220	20101221	20110524	81.00
90987708-1	1114500090749120	20110104	20110524	214.00
90987710-1	1114500090750620	20110102	20110524	214.00
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90987718-2	1114500090753720	20110105	20110524	54.00
91106069-1	1114500092872120	20101022	20110524	81.00
91106079-1	1114500092873120	20101029	20110524	81.00
91106087-1	1114500092873920	20101105	20110524	81.00
91106094-1	1114500092875120	20101126	20110524	81.00
91133974-1	1114500090756920	20101217	20110524	155.00
91133980-1	1114500090760220	20101217	20110524	514.00
91167665-1	1114500093974520	20101230	20110524	114.00
91167666-2	1114500093977720	20101231	20110524	114.00
91187387-1	1114500090743320	20101215	20110524	514.00
91187388-2	1114500090746020	20101215	20110524	155.00
91187425-1	1114500090776220	20110106	20110524	514.00
91197290-1	1114500092869220	20101119	20110524	81.00
91208078-1	1114500098051220	20110103	20110524	114.00
91208079-2	1114500098052820	20110107	20110524	114.00
91208081-3	1114500098051920	20110110	20110524	114.00
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91239834-2	1114500092507820	20110112	20110524	81.00
91285325-1	1114500089998220	20110103	20110524	81.00
91285329-1	1114500089994120	20110105	20110524	81.00
91285335-1	1114500089995920	20110112	20110524	81.00
91288752-1	1114500089990820	20110106	20110524	81.00

Provider	Medicaid			
Claim		Service	Submission	Medicaid
Number	ICN	Date	Date	Payment
91288758-1	1114500089997320	20110107	20110524	81.00
91288766-1	1114500089997320	20110107	20110524	81.00
91289438-1	1114500089391720	20110113	20110524	81.00
91289448-2	1114500092516120	20110117	20110524	81.00
91334712-1	1114500092510820	20110118	20110524	81.00
91334712-1	1114500094611920	20110103	20110524	81.00
91334724-1	1114500094613820	20110103	20110524	81.00
91334748-1	1114500094610620	20110110	20110524	81.00
91334792-1	1114500094616020	20110112	20110524	81.00
91334803-1	1114500093685320	20110103	20110524	81.00
91334811-1	1114500093683320	20110107	20110524	81.00
91334822-1	1114500093684820	20110113	20110524	81.00
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91335192-1	1114500096698620	20110115	20110524	81.00
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91337768-1	1114500092331720	20110103	20110524	81.00
91337775-1	1114500092330320	20110107	20110524	81.00
91337779-1	1114500092326720	20110110	20110524	81.00
91342776-1	1114500097556020	20110111	20110524	81.00
91342782-1	1114500097554820	20110105	20110524	81.00
91344872-1	1114500092004520	20101216	20110524	81.00
91344879-1	1114500092007020	20101220	20110524	81.00
91344889-1	1114500092007920		20110524	81.00
91344900-1	1114500092008420	20101223	20110524	81.00
91344908-1	1114500092009320		20110524	81.00
91344913-1	1114500092010120		20110524	81.00
91345360-1	1114500092509420		20110524	81.00
91345368-2	1114500092510620		20110524	81.00
91345392-1	1114500097790120	20110124	20110524	81.00
91408936-7	1114500093043420		20110524	81.00
91437518-1	1114500092104120		20110524	81.00
91437531-2	1114500092107320	20101208	20110524	81.00
91437548-3	1114500092109520	20101217	20110524	81.00
91437556-4	1114500092110420	20101223	20110524	81.00
91437605-1	1114500093163520	20110201	20110524	81.00
91437624-2	1114500093164220		20110524	81.00
91437767-1	1114500092503820	20110131	20110524	81.00
91437776-2	1114500092505720		20110524	81.00
91437957-1	1114500091852520		20110524	81.00
91437968-2	1114500091853620	20110201	20110524	81.00
91437979-3	1114500091854620	20110202	20110524	81.00

Provider			Medicaid	
Claim		Service	Submission	Medicaid
Number	ICN	Date	Date	Payment
91438008-1	1114500093829220	20110204	20110524	81.00
91438949-1	1114500097995820	20101203	20110524	81.00
91438960-2	1114500097998720	20101210	20110524	81.00
91438965-1	1114500097241320	20110121	20110524	81.00
91438975-2	1114500097242820	20110128	20110524	81.00
91440703-1	1114500093642420	20101231	20110524	81.00
91440717-2	1114500093644520	20101217	20110524	81.00
91440735-3	1114500093645420	20110102	20110524	81.00
91440742-4	1114500093646120	20101219	20110524	81.00
91440748-5	1114500093646820	20110119	20110524	81.00
91440755-6	1114500093647320	20110116	20110524	81.00
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91440773-8	1114500093648620	20110107	20110524	81.00
91440873-1	1114500093628620	20110102	20110524	81.00
91440881-3	1114500093630120	20101214	20110524	81.00
91440887-4	1114500093631320	20101231	20110524	81.00
91440892-5	1114500093632720	20110105	20110524	81.00
91440898-6	1114500093633820	20110107	20110524	81.00
91440903-7	1114500093634520	20110109	20110524	81.00
91440907-8	1114500093634820	20110123	20110524	81.00
91440910-9	1114500093635620	20110121	20110524	81.00
91440912-10	1114500093636420	20110119	20110524	81.00
91440920-12	1114500093637920	20110116	20110524	81.00
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91440929-15	1114500093640620	20101219	20110524	81.00
91440933-16	1114500093641520	20101217	20110524	81.00
91440937-1	1114500093621020	20110119	20110524	81.00
91440939-2	1114500093621820	20110116	20110524	81.00
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91440943-4	1114500093623520	20110109	20110524	81.00
91440945-5	1114500093624520	20110107	20110524	81.00
91440947-6	1114500093625620	20110102	20110524	81.00
91440949-7	1114500093626220	20101231	20110524	81.00
91440951-8	1114500093626520	20101219	20110524	81.00
91440953-9	1114500093627320	20101217	20110524	81.00
91440955-10	1114500093628020	20101112	20110524	81.00
91440959-1	1114500093606820	20110119	20110524	81.00
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91440965-4	1114500093609120	20110114	20110524	81.00
91443658-1	1114500098042920	20110121	20110524	114.00
91443659-2	1114500098047120	20110122	20110524	114.00
91443660-3	1114500098048920	20110124	20110524	114.00
91443661-4	1114500098050420	20110125	20110524	114.00
91443662-5	1114500098051020	20110127	20110524	114.00
91444650-1	1114500089430920	20101220	20110524	81.00

Case 1:12-cv-01750-DAB Document 83 Filed 09/06/16 Page 109 of 129 May 2011 Sample Dummy Denial Claims

Provider			Medicaid	
Claim		Service	Submission	Medicaid
Number	ICN	Date	Date	Payment
91446619-1	1114500090729920	20110119	20110524	81.00
91447065-1	1114500094220120	20101026	20110524	81.00
91447067-2	1114500094223420	20101028	20110524	81.00
91447069-3	1114500094224620	20101102	20110524	81.00
91447072-4	1114500094226120	20101104	20110524	81.00
91447434-10	1114500089326420	20110120	20110524	81.00
91447434-11	1114500089327620	20110121	20110524	81.00
91447434-12	1114500089328820	20110124	20110524	81.00
91447434-13	1114500089330920	20110126	20110524	81.00
91447434-14	1114500089332620	20110128	20110524	81.00
91447434-15	1114500089334620	20110131	20110524	81.00
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91447434-17	1114500089336320	20110106	20110524	81.00
91447434-18	1114500089337320	20110111	20110524	81.00
91447434-19	1114500089338520	20110118	20110524	81.00
91447434-2	1114500089316220	20110104	20110524	81.00
91447434-20	1114500089339820	20110119	20110524	81.00
91447434-21	1114500089340720	20110120	20110524	81.00
91447434-22	1114500089341620	20110125	20110524	81.00
91447434-23	1114500089342820	20110126	20110524	81.00
91447434-3	1114500089317720	20110107	20110524	81.00
91447434-4	1114500089318920	20110110	20110524	81.00
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91447434-6	1114500089321320	20110113	20110524	81.00
91447434-7	1114500089322320	20110114	20110524	81.00
91447434-8	1114500089323320	20110117	20110524	81.00
91447434-9	1114500089325120	20110118	20110524	81.00
91448236-1	1114500092800320	20110104	20110524	81.00

Exhibit F

Provider-Generated	Diagnosis Sent to	Provider Claim		Service	Medicaid	Medicaid
Diagnosis	Medicaid	Number	ICN	Date	Submission Date	Payment
0	315.9	71468989-1	0912900002133920	20071025	20090507	90.00
0	315.9	71855986-1	0912900007903920		20090507	126.00
0	315.9	71855987-1	0912900007892820	20071127	20090507	126.00
0	315.9	72089920-1	0912900033521020	20071129	20090507	90.00
0	315.9	72089921-1	0912900033516120		20090507	90.00
0	315.9	72092858-1	0912900007902420	20071204	20090507	126.00
0	315.9	72092859-1	0912900007914220	20071211	20090507	126.00
0	315.9	72265669-1	0912900007909720	20071220	20090507	126.00
0	315.9	72427128-1	0912800121923620	20071218	20090507	90.00
0	315.9	73018635-1	0912900006295120	20080129	20090507	90.00
0	315.9	73018636-1	0912900006289220	20080207	20090507	90.00
0	315.9	73018637-1	0912900006287120	20080214	20090507	90.00
0	315.9	73036001-1	0912800132824820	20071223	20090507	149.00
0	315.9	73057047-1	0912800127406220	20080222	20090507	90.00
0	315.9	73057160-1	0912800130483020	20080114	20090507	90.00
0	315.9	73057161-1	0912800130479020	20080117	20090507	90.00
0	315.9	73057162-1	0912800130489720	20080118	20090507	90.00
0	315.9	73057163-1	0912800130492020	20080121	20090507	90.00
0	315.9	73057165-1	0912800130487220	20080125	20090507	90.00
0	315.9	73057166-1	0912800130473020		20090507	90.00
0	315.9	73119401-1	0912800121929520	20080105	20090507	90.00
0	315.9	73237902-1	0912900006291520	20080226	20090507	90.00
0	315.9	73237920-1	0912900007905820	20080102	20090507	126.00
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0	315.9	73237922-1	0912900007897620	20080209	20090507	126.00
0	315.9	73237923-1	0912900007910720	20080210	20090507	126.00
0	315.9	73237924-1	0912900007911920	20080211	20090507	126.00
0	315.9	73237925-1	0912900007895320	20080212	20090507	126.00
0	315.9	73237926-1	0912900007907920	20080213	20090507	126.00
0	315.9	73237927-1	0912900007913220	20080214	20090507	126.00
0	315.9	73237928-1	0912900007900120	20080215	20090507	126.00
0	315.9	73237929-1	0912900007896520	20080224	20090507	126.00
0	315.9	73369679-1	0912800131291820	20080112	20090507	126.00
0	315.9	73379697-1	0912800130517020	20080226	20090507	90.00
0	315.9	73383345-1	0912800123134620	20080203	20090507	126.00
0	315.9	73441570-1	0912800119961120	20080216	20090507	90.00
0	315.9	73442338-1	0912900006292820	20080311	20090507	90.00
0	315.9	73703133-1	0912800130469220	20080328	20090507	90.00
0	315.9	73724433-1	0912900005847820	20080322	20090507	90.00
0	315.9	73724434-1	0912900005844020	20080326	20090507	90.00
0	315.9	73724435-1	0912900005839920	20080329	20090507	90.00
0	315.9	73775495-1	0912900001373020	20080327	20090507	126.00
0	315.9	73775496-1	0912900001369820	20080316	20090507	126.00
0	315.9	73775497-1	0912900001384120	20080317	20090507	126.00
0	315.9	73775498-1	0912900001375020	20080323	20090507	126.00
0	315.9	73775499-1	0912900001377320	20080325	20090507	126.00
0	315.9	73775500-1	0912900001386120	20080326	20090507	126.00
0	315.9	73775501-1	0912900001386920	20080327	20090507	126.00
0	315.9	73775502-1	0912900001387720	20080330	20090507	126.00
0	315.9	73775503-1	0912900001380220	20080331	20090507	126.00
0	315.9	73785759-1	0912800131288120	20080126	20090507	126.00
0	315.9	73785767-1	0912800131281120	20080224	20090507	126.00

Provider-Generated	Diagnosis Sent to	Provider Claim		Service	Medicaid	Medicaid
Diagnosis	Medicaid	Number	ICN	Date	Submission Date	Payment
0	315.9	73904529-1	0912900012962520	20080318	20090507	126.00
0	315.9	73904531-1	0912900012959220		20090507	126.00
0	315.9	73952084-1	0917700108396820	20080221	20090507	18.25
0	315.9	73966969-1	0912900006284920		20090507	90.00
0	315.9	74000647-1	0912800130485820		20090507	90.00
0	315.9	74000648-1	0912800130484620		20090507	90.00
0	315.9	74183453-1	0912900005845420		20090507	90.00
0	315.9	74183454-1	0912900005850820		20090507	90.00
0	315.9	74183455-1	0912900005843220		20090507	90.00
0	315.9	74183456-1	0912900005849620		20090507	90.00
0	315.9	74723588-1	0912900033702520		20090507	90.00
0	315.9	74723589-1	0912900033703720		20090507	90.00
0	315.9	74723590-1	0912900033682820		20090507	90.00
0	315.9	74723590 1	0912900033696020		20090507	90.00
0	315.9	74723592-1	0912900033697020		20090507	90.00
0	315.9	74723592 1	0912900033705120		20090507	90.00
0	315.9	74723593-1	0912900033725520		20090507	90.00
0	315.9	74723595-1	0912900033723320		20090507	90.00
0	315.9	74723595 1	0912900033721520		20090507	90.00
0	315.9	74723590-1	0912900033721520		20090507	126.00
0	315.9	74723597-1	0912900033719320		20090507	126.00
0	315.9	74723398-1	0917700108171220		20090507	18.25
0	315.9	74859102-1	0917700108171220		20090507	90.00
0	315.9	74991491-1	0912900033683620		20090507	90.00
0	315.9	74991491-1	0912900033698620		20090507	90.00
0	315.9	74991492-1	0912900033098020		20090507	90.00
0	315.9	74991493-1 74991494-1	0912900033700320		20090507	90.00
						90.00
0	315.9	74991495-1	0912900033711120		20090507	
0	315.9	74991496-1	0912900033739020		20090507	90.00
0	315.9	74991498-1	0912900033726220		20090507	90.00
0 0	315.9	74991499-1	0912900033727320		20090507	90.00
	315.9	74991500-1	0912900033712920		20090507	90.00
0	315.9	74991501-1	0912900033740620		20090507	90.00
0	315.9	74991502-1	0912900033706620		20090507	90.00
0	315.9	75007221-1	0912900014002520		20090507	52.00
0	315.9	75269841-1	0912900033736720		20090507	90.00
0	315.9	75269842-1	0912900033714320		20090507	90.00
0	315.9	75269843-1	0912900033728020		20090507	90.00
0	315.9	75269844-1	0912900033723120		20090507	90.00
0	315.9	75269845-1	0912900033738120		20090507	90.00
0	315.9	75269846-1	0912900033733520		20090507	90.00
0	315.9	75269847-1	0912900033701220		20090507	90.00
0	315.9	75269852-1	0912900033735120		20090507	90.00
0	315.9	75269853-1	0912900033742620		20090507	90.00
0	315.9	75269854-1	0912900033735720		20090507	90.00
0	315.9	75269855-1	0912900033736220		20090507	90.00
0	315.9	75269856-1	0912900033744020		20090507	90.00
0	315.9	75269857-1	0912900033715820		20090507	90.00
0	315.9	75269858-1	0912900033685320		20090507	90.00
0	315.9	75269861-1	0912900033691320		20090507	90.00
0	315.9	75269862-1	0912900033716420		20090507	90.00
0	315.9	75269863-1	0912900033689120	20080624	20090507	90.00

Provider-Generated	Diagnosis Sent to	Provider Claim		Service	Medicaid	Medicaid
Diagnosis	Medicaid	Number	ICN	Date	Submission Date	Payment
0	315.9	75269864-1	0912900033717620	20080625	20090507	90.00
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0	315.9	75269866-1	0912900033707620		20090507	126.00
0	315.9	75269867-1	0912900033722120	20080622	20090507	126.00
0	315.9	75269868-1	0912900033742020		20090507	126.00
0	315.9	75512559-1	0912900033692520		20090507	126.00
0	315.9	75774230-1	0912800123034420	20080625	20090507	232.00
0	315.9	75774240-1	0912900001230520	20080724	20090507	232.00
0	315.9	75837042-1	0917700105179120		20090507	18.25
0	315.9	76055260-1	0912800120787720	20080721	20090507	206.00
0	315.9	76114644-1	0917700105174120	20080806	20090507	18.25
0	315.9	76114645-1	0917700105175320	20080807	20090507	18.25
0	315.9	77250827-1	0912900011561020		20090507	90.00
0	315.9	77251893-1	0912900013057320		20090507	90.00
0	315.9	77257170-1	0912800128378620		20090507	206.00
0	315.9	77258719-1	0912900013051620		20090507	90.00
0	315.9	77264198-1	0912900005835620		20090507	40.00
0	315.9	77266311-1	0912900005825220		20090507	40.00
0	315.9	77266575-1	0912900004313120		20090507	90.00
0	315.9	77270479-1	0912900013051020		20090507	90.00
0	315.9	77271681-1	0912900001038020		20090507	53.00
0	315.9	77271825-1	0912900004301720		20090507	90.00
0	315.9	77274086-1	0912900001039020		20090507	53.00
0	315.9	77274677-1	0912900006072820		20090507	40.00
0	315.9	77275479-1	0912900013031320		20090507	90.00
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0	315.9	77280867-1	0912900035278220		20090507	40.00
0	315.9	77280879-1	0912900035011520		20090507	53.00
0	315.9	77281269-1	0912800117039920		20090507	90.00
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0	315.9	77283168-1	0912900004360120	20080723	20090507	90.00
0	315.9	77284355-1	0912900006068420		20090507	53.00
0	315.9	77284700-1	0912900035279320		20090507	53.00
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0	315.9	77286057-1	0912900035265920		20090507	40.00
0	315.9	77286255-1	0912900006062720		20090507	40.00
0	315.9	77288887-1	0912900006048720		20090507	53.00
0	315.9	77289674-1	0912900006041220		20090507	40.00
0	315.9	77290145-1	0912900035229920		20090507	40.00
0	315.9	77290325-1	0912900035274720		20090507	40.00
0	315.9	77290566-1	0912800119573420		20090507	18.25
0	315.9	77290708-1	0912900013053820		20090507	90.00
0	315.9	77291104-1	0912900013033820		20090507	40.00
0	315.9	77291353-1	0912900006089620		20090507	40.00
0	315.9	77292584-1	0912900035169120		20090507	90.00
0	315.9	77292950-1	0912900035103120		20090507	53.00
0	315.9	77293248-1	0912900033242120		20090507	40.00
J	313.3	11233240-1	0312300000047420	20000730	20030307	40.00

Provider-Generated	Diagnosis Sent to	Provider Claim		Service	Medicaid	Medicaid
Diagnosis	Medicaid	Number	ICN	Date	Submission Date	Payment
0	315.9	77293446-1	0912900035178920	20080527	20090507	40.00
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0	315.9	77294072-1	0912900013028820		20090507	90.00
0	315.9	77294835-1	0912900013055320		20090507	90.00
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0	315.9	77297686-1	0912900035277720		20090507	53.00
0	315.9	77298051-1	0912900035202420		20090507	40.00
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0	315.9	77300568-1	0912900006051420		20090507	53.00
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0	315.9	77301766 1	0912900035199520		20090507	40.00
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0	315.9	77302855-1	0912900005836820		20090507	53.00
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0	315.9	77305015-1	0912900035181920		20090507	53.00
0	315.9	77305013 1	0912900035183020		20090507	53.00
0	315.9	773053022 1	0912900035103020		20090507	53.00
0	315.9	77309904-1	0912900035219020		20090507	40.00
0	315.9	77310528-1	0912900035167320		20090507	40.00
0	315.9	77313806-1	0912900035107520		20090507	53.00
0	315.9	77313800-1	0912900035176020		20090507	53.00
0	315.9	77314430-1	0912900035176020		20090507	53.00
0	315.9	77314650-1	0912900035171820		20090507	53.00
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0	315.9	77319120-1	0912900035205320		20090507	40.00
0	315.9	77319430-1	0912900035190020		20090507	40.00
0	315.9	77319998-1	0912900035227920		20090507	90.00
299.0	315.9	74116160-1	0917700095562820		20090520	52.00
299.0 299.0	315.9 315.0	81054206-1 81054206-3	0914200120858120 0914200120853320		20090520	90.00 90.00
299.0	315.9 315.0	81054206-3 81054235-1	0914200120853320		20090520	
	315.9 315.0	81054235-1 81054235-10			20090520	53.00
299.0	315.9	81054235-10	0914200120855320		20090520	53.00
299.0	315.9 215.0	81054235-2	0914200120852420		20090520	53.00
299.0	315.9	81054235-3	0914200120842920		20090520	53.00
299.0	315.9	81054246-1	0914200120850720		20090520	126.00
299.8	315.9	77467116-1	0914200144689920	20081006	20090520	90.00

Provider-Generated	Diagnosis Sent to	Provider Claim		Service	Medicaid	Medicaid
Diagnosis	Medicaid	Number	ICN	Date	Submission Date	Payment
299.8	315.9	77467126-2	0914200144676520	20081007	20090520	90.00
299.8	315.9	77467136-3	0914200144658220		20090520	90.00
299.8	315.9	77467148-4	0914200144688320		20090520	90.00
299.8	315.9	77467163-5	0914200144659820		20090520	90.00
299.8	315.9	77467174-6	0914200144691320		20090520	90.00
299.8	315.9	77467187-7	0914200144692520		20090520	90.00
299.8	315.9	77467204-8	0914200144696620		20090520	90.00
299.8	315.9	77467218-9	0914200144677420		20090520	90.00
299.8	315.9	77467229-10	0914200144660520		20090520	90.00
299.8	315.9	77467240-11	0914200144697720		20090520	90.00
299.8	315.9	79157667-10	0914200125330520		20090520	90.00
299.8	315.9	79642973-7	0914200124241520		20090520	90.00
299.8	315.9	79645146-2	0914200114558020		20090520	90.00
299.8	315.9	79645149-3	0914200114568920		20090520	90.00
299.8	315.9	79645152-4	0914200114564520		20090520	90.00
299.8	315.9	79645155-5	0914200114567620		20090520	90.00
299.8	315.9	79678922-1	0914200124271320		20090520	90.00
299.8	315.9	79678928-3	0914200124240720		20090520	90.00
299.8	315.9	79925675-2	0914200125344320		20090520	126.00
299.8	315.9	80405840-5	0914200125350020		20090520	90.00
299.8	315.9	80405842-6	0914200125343520		20090520	90.00
299.8	315.9	80405846-8	0914200125352420		20090520	90.00
299.8	315.9	80405852-10	0914200125347720		20090520	90.00
299.8	315.9	80405865-14	0914200125324320		20090520	90.00
299.8	315.9	80405887-22	0914200125346520		20090520	90.00
299.8	315.9	80405898-26	0914200125349120		20090520	90.00
299.8	315.9	80405900-1	0914200125351220		20090520	90.00
299.8	315.9	80405917-7	0914200125327420		20090520	90.00
299.8	315.9	80422902-16	0914200139759820		20090520	53.00
299.8	315.9	80437871-1	0914200159753622		20090520	126.00
299.8	315.9	80437872-2	0914200159260020		20090520	126.00
299.8	315.9	80437873-3	0914200159229920		20090520	126.00
299.8	315.9	80437874-4	0914200159231520		20090520	126.00
299.8	315.9	80479134-1	0914200159303420		20090520	107.00
299.8	315.9	80479136-2	09142001593503420		20090520	107.00
299.8	315.9	80479137-3	0914200159303920		20090520	107.00
299.8	315.9	80479319-1	0914200159232820		20090520	90.00
299.8	315.9	80479320-2	0914200159307620		20090520	90.00
299.8	315.9	80479321-3	0914200159260820		20090520	90.00
299.8	315.9	80527764-2	0917700096735520		20090520	126.00
299.8	315.9	80527766-4	0917700096738720		20090520	126.00
299.8	315.9	80527779-1	0917700096740820		20090520	126.00
299.8	315.9	80527781-3	0917700096740220		20090520	126.00
299.8	315.9	80539150-7	0914200161511120		20090520	126.00
299.8	315.9	80539150-7	0914200161511120		20090520	126.00
299.8	315.9	80539156-4	0914200161513920		20090520	126.00
299.8	315.9	80539150-4	0914200161503820		20090520	126.00
299.8	315.9	80629045-1	0914200101303820		20090520	126.00
299.8	315.9	80629045-1	0914200135639220		20090520	126.00
299.8	315.9	80629046-2	0914200135639220		20090520	126.00
299.8 299.8			0914200133640520			90.00
	315.9 315.9	80808165-1 80820505-1	0914200143227520		20090520	
299.8	315.9	80820505-1	0314200133/38920	20090406	20090520	90.00

Provider-Generated	Diagnosis Sent to	Provider Claim		Service	Medicaid	Medicaid
Diagnosis	Medicaid	Number	ICN	Date	Submission Date	Payment
299.8	315.9	80820506-2	0914200139739620	20090407	20090520	90.00
299.8	315.9	80820507-3	0914200139722820		20090520	90.00
299.8	315.9	80820742-1	0914200139777420	20090406	20090520	107.00
299.8	315.9	80820743-2	0914200139728120		20090520	107.00
299.8	315.9	80820744-3	0914200139729120		20090520	107.00
299.8	315.9	80820745-1	0914200159204620		20090520	90.00
299.8	315.9	80820746-2	0914200159273620		20090520	90.00
299.8	315.9	80820747-3	0914200159212020	20090408	20090520	90.00
299.8	315.9	80820748-1	0914200159292820		20090520	107.00
299.8	315.9	80820749-2	0914200159275420	20090407	20090520	107.00
299.8	315.9	80820750-3	0914200159300720		20090520	107.00
299.8	315.9	80829881-1	0914200137181620	20090406	20090520	90.00
299.8	315.9	80829882-2	0914200137220620		20090520	90.00
299.8	315.9	80900715-1	0914200139761020		20090520	90.00
299.8	315.9	80900716-2	0914200139816820	20090421	20090520	90.00
299.8	315.9	80900717-3	0914200139714820		20090520	90.00
299.8	315.9	80900718-4	0914200139715720		20090520	90.00
299.8	315.9	80900719-5	0914200139731320		20090520	90.00
299.8	315.9	80900720-1	0914200139759120		20090520	107.00
299.8	315.9	80900721-2	0914200139806020		20090520	107.00
299.8	315.9	80900722-3	0914200139732220		20090520	107.00
299.8	315.9	80900723-4	0914200139761920		20090520	107.00
299.8	315.9	80900724-5	0914200139716620		20090520	107.00
299.8	315.9	80900725-1	0914200159225820		20090520	90.00
299.8	315.9	80900726-2	0914200159226520		20090520	90.00
299.8	315.9	80900727-1	0914200159229020		20090520	107.00
299.8	315.9	80900728-2	0914200159302720		20090520	107.00
299.8	315.9	80900755-1	0914200119874620		20090520	90.00
299.8	315.9	80900756-2	0914200119887220		20090520	90.00
299.8	315.9	80900757-3	0914200119875320		20090520	90.00
299.8	315.9	80900760-1	0914200119876520		20090520	107.00
299.8	315.9	80900761-2	0914200119891320	20090422	20090520	107.00
299.8	315.9	80900762-3	0914200119880020		20090520	107.00
299.8	315.9	80900966-4	0914200134534020		20090520	90.00
299.8	315.9	80914308-1	0914200159276720	20090403	20090520	126.00
299.8	315.9	80914309-2	0914200159245420	20090406	20090520	126.00
299.8	315.9	80914310-3	0914200159257520	20090407	20090520	126.00
299.8	315.9	80914311-4	0914200159258220		20090520	126.00
299.8	315.9	80914312-5	0914200159288920		20090520	126.00
299.8	315.9	80914313-6	0914200159277920		20090520	126.00
299.8	315.9	80914314-7	0914200159234120		20090520	126.00
299.8	315.9	80914315-8	0914200159235520	20090414	20090520	126.00
299.8	315.9	80914316-9	0914200159256320	20090415	20090520	126.00
299.8	315.9	80914317-10	0914200159289120		20090520	126.00
299.8	315.9	80914318-11	0914200159236420		20090520	126.00
299.8	315.9	80914319-12	0914200159238620		20090520	126.00
299.8	315.9	80914320-13	0914200159246620		20090520	126.00
299.8	315.9	80914321-14	0914200159211220		20090520	126.00
299.8	315.9	80914322-15	0914200159209520		20090520	126.00
299.8	315.9	80914323-16	0914200159247720		20090520	126.00
299.8	315.9	80914324-17	0914200159279320		20090520	126.00
299.8	315.9	80914325-1	0914200159259520		20090520	90.00
۷99.δ	315.9	00914325-1	0314200133233520	20090403	20090520	90.00

Provider-Generated	Diagnosis Sent to	Provider Claim		Service	Medicaid	Medicaid
Diagnosis	Medicaid	Number	ICN	Date	Submission Date	Payment
299.8	315.9	80914326-2	0914200159240420	20090410	20090520	90.00
299.8	315.9	80914327-3	0914200159281220		20090520	90.00
299.8	315.9	80914328-4	0914200159249820	20090424	20090520	90.00
299.8	315.9	80914333-12	0914200119883620	20090422	20090520	126.00
299.8	315.9	80914334-13	0914200119885420		20090520	126.00
299.8	315.9	80923679-1	0914200159255620		20090520	53.00
299.8	315.9	80935960-1	0914200143241220		20090520	90.00
299.8	315.9	80935962-2	0914200143225520	20090423	20090520	90.00
299.8	315.9	80935964-3	0914200143228520		20090520	90.00
299.8	315.9	80956659-1	0914200143236820	20090428	20090520	90.00
299.8	315.9	80956661-2	0914200143252820	20090429	20090520	90.00
299.8	315.9	80956663-3	0914200143246720	20090430	20090520	90.00
299.8	315.9	80957297-1	0914200143261420		20090520	126.00
299.8	315.9	81007609-2	0914200160600720		20090520	90.00
299.8	315.9	81025493-1	0914200121485320	20090403	20090520	90.00
299.8	315.9	81025493-2	0914200121486920		20090520	90.00
299.8	315.9	81025493-3	0914200121490320		20090520	90.00
299.8	315.9	81025494-1	0914200121480720		20090520	90.00
299.8	315.9	81025498-1	0914200132218420		20090520	126.00
299.8	315.9	81025498-2	0914200132206720		20090520	126.00
299.8	315.9	81025498-3	0914200132219820		20090520	126.00
299.8	315.9	81025498-4	0914200132211220		20090520	126.00
299.8	315.9	81025498-6	0914200132212620		20090520	126.00
299.8	315.9	81025505-1	0914200121833620		20090520	90.00
299.8	315.9	81025508-1	0914200121836120		20090520	107.00
299.8	315.9	81025511-1	0914200151813420		20090520	90.00
299.8	315.9	81025511-2	0914200151810220		20090520	90.00
299.8	315.9	81025511-3	0914200151825920		20090520	90.00
299.8	315.9	81025511-4	0914200151811520		20090520	90.00
299.8	315.9	81025511-5	0914200151826720		20090520	90.00
299.8	315.9	81025514-1	0914200151829820		20090520	107.00
299.8	315.9	81025514-2	0914200151842720		20090520	107.00
299.8	315.9	81025514-3	0914200151845120		20090520	107.00
299.8	315.9	81025514-4	0914200151824520		20090520	107.00
299.8	315.9	81025514-5	0914200151825320		20090520	107.00
299.8	315.9	81025540-1	0914200135628420	20090427	20090520	90.00
299.8	315.9	81025540-2	0914200135630420	20090428	20090520	90.00
299.8	315.9	81025540-3	0914200135639820		20090520	90.00
299.8	315.9	81025540-4	0914200135619920		20090520	90.00
299.8	315.9	81025540-5	0914200135632720		20090520	90.00
299.8	315.9	81025549-2	0914200131773820		20090520	53.00
299.8	315.9	81025554-1	0914200135633120		20090520	107.00
299.8	315.9	81025554-2	0914200135633120		20090520	107.00
299.8	315.9	81025554-3	0914200135624720		20090520	107.00
299.8	315.9	81025554-4	0914200135617720		20090520	107.00
299.8	315.9	81025554-5	0914200135627520		20090520	107.00
299.8	315.9	81025555-1	0914200139723120		20090520	90.00
299.8	315.9	81025555-2	0914200139724220		20090520	90.00
299.8	315.9	81025555-3	0914200139746820		20090520	90.00
299.8	315.9	81025555-4	0914200139748120		20090520	90.00
299.8	315.9	81025555-5	0914200139713320		20090520	90.00
299.8	315.9	81025555-6	0914200139714520		20090520	90.00
255.0	313.3	01023333-0	5517200155/14520	-0030314	20030320	50.00

Provider-Generated	Diagnosis Sent to	Provider Claim		Service	Medicaid	Medicaid
Diagnosis	Medicaid	Number	ICN	Date	Submission Date	Payment
299.8	315.9	81025556-1	0914200148248720	20090203	20090520	126.00
299.8	315.9	81025578-1	0914200148267520		20090520	126.00
299.8	315.9	81025578-2	0914200148245520	20090202	20090520	126.00
299.8	315.9	81025578-5	0914200148237020		20090520	126.00
299.8	315.9	81025578-6	0914200148218120		20090520	126.00
1561718	315.9	81157796-1	0914900097061320		20090527	107.00
1561718	315.9	81157796-2	0914900097050520		20090527	107.00
1561718	315.9	81157796-3	0914900097054520		20090527	107.00
1561718	315.9	81157796-4	0914900097052120		20090527	107.00
299.0	315.9	81071700-22	0917700102968920		20090527	126.00
299.8	315.9	70975239-1	0915000004829020		20090527	18.25
299.8	315.9	73098407-1	0914900090643120		20090527	58.00
299.8	315.9	73098408-1	0914900090650020		20090527	58.00
299.8	315.9	73098409-1	0914900090647220		20090527	58.00
299.8	315.9	73098410-1	0914900090641320		20090527	58.00
299.8	315.9	73098411-1	0914900090648220		20090527	58.00
299.8	315.9	73098412-1	0914900090645420		20090527	58.00
299.8	315.9	73098413-1	0914900090646420		20090527	58.00
299.8	315.9	73098414-1	0914900090646620		20090527	58.00
299.8	315.9	73124428-1	0914900088322120		20090527	90.00
299.8	315.9	73124428-1	0915000004813220		20090527	18.25
299.8	315.9	73235318-1	0914900088323120		20090527	90.00
299.8	315.9	73311752-1	0914900088319020		20090527	90.00
299.8	315.9	73311732-1	0914900088319020		20090527	58.00
299.8	315.9	73384458-1	0914900090647020		20090527	58.00
299.8	315.9	73503508-1	0914900090647020		20090527	90.00
299.8	315.9	73538852-1	0915000004815520		20090527	18.25
						90.00
299.8 299.8	315.9	73539114-1	0914900088330120		20090527	18.25
	315.9	73539268-1	0914900104092320		20090527	
299.8	315.9	73539269-1	0914900104095220		20090527	18.25
299.8	315.9	73589976-1	0914900088325320		20090527	107.00
299.8	315.9	73591198-1	0914900088324520		20090527	90.00
299.8	315.9	73886745-1	0914900088326220		20090527	107.00
299.8	315.9	73886748-1	0914900088329520		20090527	107.00
299.8	315.9	73886749-1	0914900088331020		20090527	107.00
299.8	315.9	73886751-1	0914900088327820		20090527	107.00
299.8	315.9	73886753-1	0914900088327320		20090527	107.00
299.8	315.9	73886754-1	0914900088331720		20090527	107.00
299.8	315.9	74457002-1	0914900102277020		20090527	18.25
299.8	315.9	74457004-1	0914900102275920		20090527	18.25
299.8	315.9	78272761-3	0914900092336220		20090527	90.00
299.8	315.9	78272772-5	0914900092353220		20090527	90.00
299.8	315.9	78272787-8	0914900092338120		20090527	90.00
299.8	315.9	78272794-9	0914900092341020		20090527	90.00
299.8	315.9	79157221-4	0914900086655620		20090527	126.00
299.8	315.9	79236642-5	0914900111991820		20090527	90.00
299.8	315.9	79236660-8	0914900111988720		20090527	90.00
299.8	315.9	80829884-1	0914900094811020		20090527	107.00
299.8	315.9	80829885-2	0914900094815320		20090527	107.00
299.8	315.9	81157757-1	0914900087177720		20090527	90.00
299.8	315.9	81157757-2	0914900087189020		20090527	90.00
299.8	315.9	81157757-3	0914900087192220	20090507	20090527	90.00

Provider-Generated	Diagnosis Sent to	Provider Claim		Service	Medicaid	Medicaid
Diagnosis	Medicaid	Number	ICN	Date	Submission Date	Payment
299.8	315.9	81157757-4	0914900087197420	20090508	20090527	90.00
299.8	315.9	81157758-1	0914900087187020		20090527	107.00
299.8	315.9	81157758-2	0914900087202320		20090527	107.00
299.8	315.9	81157758-3	0914900087193120		20090527	107.00
299.8	315.9	81157758-4	0914900087189520		20090527	107.00
299.8	315.9	81157761-1	0914900088592120		20090527	90.00
299.8	315.9	81157761-2	0914900088592520		20090527	90.00
299.8	315.9	81157761-3	0914900088585420		20090527	90.00
299.8	315.9	81157761-4	0914900088586420		20090527	90.00
299.8	315.9	81157762-1	0914900088590320		20090527	107.00
299.8	315.9	81157762-2	0914900088582220		20090527	107.00
299.8	315.9	81157762-3	0914900088591020		20090527	107.00
299.8	315.9	81157762-4	0914900088584720		20090527	107.00
299.8	315.9	81157777-1	0914900087301020		20090527	90.00
299.8	315.9	81157777-2	0914900087301820		20090527	90.00
299.8	315.9	81157777-3	0914900087294220		20090527	90.00
299.8	315.9	81157779-1	0914900087299920		20090527	107.00
299.8	315.9	81157779-2	0914900087298120		20090527	107.00
299.8	315.9	81157779-3	0914900087297220		20090527	107.00
299.8	315.9	81157791-1	0914900107528320		20090527	107.00
299.8	315.9	81157791-2	0914900107525020		20090527	107.00
299.8	315.9	81157791-3	0914900107529320		20090527	107.00
299.8	315.9	81157791-3	0914900107527520		20090527	107.00
299.8	315.9	81157791-4	0914900097052720		20090527	90.00
299.8	315.9	81157795-1	0914900097032720		20090527	90.00
299.8	315.9	81157795-3	0914900097043320		20090527	90.00
299.8	315.9	81157795-4	0914900097061720		20090527	90.00
299.8	315.9	81157799-1	0914900097001720		20090527	90.00
299.8	315.9	81157799-1	0914900091806320		20090527	90.00
299.8	315.9	81157799-3	0914900091807420		20090527	90.00
299.8	315.9	81157799-3	0914900091807420		20090527	107.00
299.8	315.9	81157801-1	0914900091804320		20090527	107.00
299.8 299.8	315.9	81157801-3 81158339-1	0914900091802320 0914900101080220		20090527 20090527	107.00
	315.9					126.00
299.8 299.8	315.9	81158339-2	0914900101079220		20090527	126.00
	315.9	81158387-1	0914900093061920		20090527	90.00
299.8	315.9	81158387-2	0914900093048320		20090527	90.00
299.8	315.9	81158387-3	0914900093050920		20090527	90.00
299.8	315.9	81158387-4	0914900093049220		20090527	90.00
299.8	315.9	81158387-5	0914900093047620		20090527	90.00
299.8	315.9	81158413-1	0914900093051520		20090527	107.00
299.8	315.9	81158413-2	0914900093033720		20090527	107.00
299.8	315.9	81158413-3	0914900093036220		20090527	107.00
299.8	315.9	81158413-4	0914900093035020		20090527	107.00
299.8	315.9	81158413-5	0914900093038520		20090527	107.00
299.8	315.9	81158515-1	0914900095936520		20090527	90.00
299.8	315.9	81158515-2	0914900095928120		20090527	90.00
299.8	315.9	81158515-3	0914900095937320		20090527	90.00
299.8	315.9	81158515-4	0914900095929120		20090527	90.00
299.8	315.9	81159871-1	0914900095933820		20090527	107.00
299.8	315.9	81159871-2	0914900095926220		20090527	107.00
299.8	315.9	81159871-3	0914900095927020	20090506	20090527	107.00

Case 1:12-cv-01750-DAB Document 83 Filed 09/06/16 Page 120 of 129 May 2009 Sample ICD-9 Switching Claims

Provider-Generated	Diagnosis Sent to	Provider Claim		Service	Medicaid	Medicaid
Diagnosis	Medicaid	Number	ICN	Date	Submission Date	Payment
299.8	315.9	81159871-4	0914900095927320	20090507	20090527	107.00
3891	315.9	81288674-1	0914900110605620	20090223	20090527	18.25
3891	315.9	81288678-2	0914900110602720	20090227	20090527	18.25
3891	315.9	81288685-3	0914900110599920	20090302	20090527	18.25
3891	315.9	81288690-4	0914900110606220	20090304	20090527	18.25
3891	315.9	81288694-5	0914900110603720	20090301	20090527	18.25
3891	315.9	81288698-6	0914900110607220	20090312	20090527	18.25
3891	315.9	81319201-1	0914900107531820	20090504	20090527	53.00
3891	315.9	81340723-1	0914900102294720	20090504	20090527	53.00
3891	315.9	81340729-2	0914900102296520	20090508	20090527	53.00
7490	315.9	81303030-1	0914900108185620	20090304	20090527	18.25
7490	315.9	81303033-2	0914900108183920	20090311	20090527	18.25
7490	315.9	81303036-3	0914900108186120	20090316	20090527	18.25
7490	315.9	81303039-4	0914900108187320	20090407	20090527	18.25
7490	315.9	81303043-5	0914900108188020	20090422	20090527	18.25
7490	315.9	81303046-6	0914900108185220	20090423	20090527	18.25

Exhibit G

Provider-Generated	Diagnosis Sent to	Provider Claim		Service	Medicaid	Medicaid
Diagnosis	Medicaid	Number	ICN	Date	Submission Date	Payment
1	315.9	86633600-1	1012800005971920	20100303	20100505	494.00
1	315.9	86633601-2	1012800005973220		20100505	149.00
1	315.9	86633602-3	1012800005973620		20100505	206.00
1	315.9	86633603-4	1012800005974920		20100505	52.00
299.0	315.9	84979707-1	1012800051085020	20091203	20100505	206.00
299.0	315.9	84979710-1	1012800051085520	20091203	20100505	52.00
299.0	315.9	86357590-1	1012800055254020		20100505	126.00
299.0	315.9	86357593-2	1012800055252520		20100505	126.00
299.0	315.9	86357595-4	1012800055273720	20100312	20100505	126.00
299.0	315.9	86421772-1	1012800055253420	20100315	20100505	126.00
299.0	315.9	86606318-1	1012800055255520		20100505	126.00
299.0	315.9	86606320-3	1012800055260120		20100505	126.00
299.0	315.9	86606321-4	1012800055262120		20100505	126.00
299.0	315.9	86606322-5	1012800055272820		20100505	126.00
299.0	315.9	86754908-1	1012800055270620		20100505	126.00
299.0	315.9	86754909-2	1012800055264620		20100505	126.00
299.0	315.9	86754911-3	1012800055271820		20100505	126.00
299.0	315.9	86754912-4	1012800055265620		20100505	126.00
299.0	315.9	86958430-1	1012800021831920		20100505	126.00
299.0	315.9	86958432-4	1012800033181920		20100505	126.00
299.0	315.9	86958432-6	1012800033179820	20100317	20100505	126.00
299.0	315.9	86964101-2		20100413	20100505	114.00
299.0	315.9	86964101-3	1012800021843420		20100505	114.00
299.0	315.9	86964101-4	1012800021835920	20100415	20100505	114.00
299.0	315.9	86964101-5	1012800021839920	20100416	20100505	114.00
299.0	315.9	86964101-6	1012800021842120	20100419	20100505	114.00
299.0	315.9	86967977-2	1012800033207720	20100409	20100505	114.00
299.0	315.9	86967977-3	1012800033187020	20100412	20100505	114.00
299.0	315.9	86967977-4	1012800033197820	20100414	20100505	114.00
299.0	315.9	86967977-5	1012800033188720		20100505	114.00
299.0	315.9	86967977-6	1012800033191520		20100505	114.00
299.0	315.9	86967977-7	1012800033199420		20100505	114.00
299.0	315.9	86969701-2	1012800038544720		20100505	114.00
299.0	315.9	86969701-4	1012800038547320		20100505	114.00
299.0	315.9	86969794-2	1012800055359220		20100505	114.00
299.0	315.9	86969794-3	1012800055356720		20100505	114.00
299.0	315.9	86969794-4	1012800055364320		20100505	114.00
299.0	315.9	86969794-5	1012800055362020		20100505	114.00
299.0	315.9	86969815-2	1012800058173820		20100505	114.00
299.0	315.9	86969815-3	1012800058172120		20100505	114.00
299.0	315.9	86969815-4	1012800058175520		20100505	114.00
299.0	315.9	86969815-5	1012800058176620		20100505	114.00
299.0	315.9	86972730-2	1012800033202220		20100505	114.00
299.0	315.9	86972730-3	1012800033202220		20100505	114.00
299.0	315.9	86972730-4	1012800033195120		20100505	114.00
299.0	315.9	86973132-2	1012800055362820		20100505	114.00
299.0	315.9	86973137-2	1012800058174620		20100505	114.00
						114.00
		86996542-6				
299.0 299.0 299.0 299.0 299.0	315.9 315.9 315.9 315.9 315.9	86996542-11 86996542-14 86996542-2 86996542-4 86996542-6	1012800043106920 1012800043101720 1012800043096220 1012800043099420 1012800043103820	20100425 20100415 20100418	20100505 20100505 20100505 20100505 20100505	114.00 114.00 114.00 114.00 114.00

Provider-Generated	Diagnosis Sent to	Provider Claim		Service	Medicaid	Medicaid
Diagnosis	Medicaid	Number	ICN	Date	Submission Date	Payment
299.0	315.9	86996542-7	1012800043105120	20100420	20100505	114.00
299.0	315.9	86996542-9	1012800043106420		20100505	114.00
299.0	315.9	87012252-2	1012800033210920		20100505	125.00
299.0	315.9	87012252-3	1012800033204520		20100505	125.00
299.0	315.9	87012252-4	1012800033205920		20100505	125.00
299.0	315.9	87012252-5	1012800033212020		20100505	125.00
299.8	315.9	85159215-4	1012800051356920		20100505	126.00
299.8	315.9	85159227-3	1012800051350720		20100505	126.00
299.8	315.9	85159231-5	1012800051353120		20100505	126.00
299.8	315.9	85159233-6	1012800051358020		20100505	126.00
299.8	315.9	85159235-7	1012800051374120		20100505	126.00
299.8	315.9	85159477-2	1012800051367120		20100505	126.00
299.8	315.9	85159479-3	1012800051349320		20100505	126.00
299.8	315.9	85159485-1	1012800051375520		20100505	126.00
299.8	315.9	85159491-4	1012800051360220		20100505	126.00
299.8	315.9	85159493-5	1012800051361220		20100505	126.00
299.8	315.9	85165163-13	1012800038824720		20100505	126.00
299.8	315.9	85165163-15	1012800038799720		20100505	126.00
299.8	315.9	85171356-21	1012800053433320		20100505	126.00
299.8	315.9	85171356-23	1012800053434120		20100505	126.00
299.8	315.9	85171356-25	1012800053457920		20100505	126.00
299.8	315.9	85171364-2	1012800053459420		20100505	126.00
299.8	315.9	85171364-6	1012800053464020		20100505	126.00
299.8	315.9	85171364-7	1012800053437720		20100505	126.00
299.8	315.9	85171364-8	1012800053438420		20100505	126.00
299.8	315.9	85175745-1	1012800062448620		20100505	90.00
299.8	315.9	85276107-1	1012800038858720		20100505	126.00
299.8	315.9	85276107-10	1012800038803320		20100505	126.00
299.8	315.9	85276107-4	1012800038801120		20100505	126.00
299.8	315.9	85276107-5	1012800038766820		20100505	126.00
299.8	315.9	85276107-8	1012800038802120		20100505	126.00
299.8	315.9	85289586-2	1012800048006120		20100505	90.00
299.8	315.9	85289877-2	1012800062468020	20100112	20100505	90.00
299.8	315.9	85338714-1	1012800048005120		20100505	90.00
299.8	315.9	85338740-1	1012800062450720		20100505	90.00
299.8	315.9	85338743-2	1012800062469020	20100114	20100505	90.00
299.8	315.9	85386225-1	1012800048006820	20100106	20100505	90.00
299.8	315.9	85386317-1	1012800062476020	20100104	20100505	90.00
299.8	315.9	85387551-1	1012800051345520	20100102	20100505	126.00
299.8	315.9	85387554-2	1012800051343820		20100505	126.00
299.8	315.9	85459468-1	1012800038796520		20100505	126.00
299.8	315.9	85459468-3	1012800038828120	20100120	20100505	126.00
299.8	315.9	85459468-6	1012800038781420		20100505	126.00
299.8	315.9	85459468-7	1012800038797720		20100505	126.00
299.8	315.9	85459468-9	1012800038798620		20100505	126.00
299.8	315.9	85507681-1	1012800048011420		20100505	90.00
299.8	315.9	85507683-2	1012800048010420		20100505	90.00
34390	315.9	87044747-1	1012800108609020		20100505	18.25
34390	315.9	87044750-1	1012800108604920		20100505	36.50
34390	315.9	87044753-1	1012800108608420		20100505	36.50
34390	315.9	87044757-1	1012800108619820		20100505	54.75
34390	315.9	87044879-1	1012800108607620		20100505	18.25
3.333	313.3	J. J. 10/J I			_5155555	10.23

Provider-Generated	Diagnosis Sent to	Provider Claim		Service	Medicaid	Medicaid
Diagnosis	Medicaid	Number	ICN	Date	Submission Date	Payment
34390	315.9	87044882-1	1012800108611220	20100319	20100505	18.25
34390	315.9	87044885-1	1012800108615220	20100324	20100505	18.25
0	315.9	74586932-1	1013100076470320	20080519	20100508	18.25
0	315.9	74894563-1	1013100076469120	20080604	20100508	18.25
0	315.9	75032582-1	1013100014231920	20080512	20100508	58.00
0	315.9	75032583-1	1013100014241120		20100508	58.00
0	315.9	75032584-1	1013100014256220	20080515	20100508	58.00
0	315.9	75032585-1	1013100014252520		20100508	58.00
0	315.9	75032586-1	1013100014234420		20100508	58.00
0	315.9	75032587-1	1013100014250920	20080522	20100508	58.00
0	315.9	75032588-1	1013100014253720		20100508	58.00
0	315.9	75142915-1	1013100014260820		20100508	58.00
0	315.9	75142916-1	1013100014243520		20100508	58.00
0	315.9	75142917-1	1013100014261820		20100508	58.00
0	315.9	75142918-1	1013100014259420		20100508	58.00
0	315.9	75142919-1	1013100014249620		20100508	58.00
0	315.9	75142920-1	1013100014246920		20100508	58.00
0	315.9	75142921-1	1013100014237220		20100508	58.00
0	315.9	75142922-1	1013100014239920		20100508	58.00
0	315.9	75632538-1	1013100011678220		20100508	206.00
0	315.9	75632539-1	1013100011676220		20100508	52.00
0	315.9	75634323-1	1013100011031120		20100508	494.00
0	315.9	75634324-1	1013100010483320		20100508	149.00
0	315.9	75634325-1	1013100010487520		20100508	206.00
0	315.9	75634326-1	1013100010487520		20100508	52.00
0	315.9	75943524-1	1013100010403320		20100508	494.00
0	315.9	75981276-1	1013100074240220		20100508	206.00
299.8	315.9	80908995-1	1013100074240220		20100508	73.50
299.8	315.9	81059654-1	10131000735773220		20100508	73.50
299.8	315.9	81059658-1	1013100073574320		20100508	34.45
299.8	315.9	81059658-11	1013100073574320		20100508	34.45
299.8	315.9	81059658-2	1013100073507120		20100508	34.45
299.8	315.9	81059658-3	1013100073575120		20100508	34.45
299.8	315.9	81059658-5	1013100073575120		20100508	34.45
299.8	315.9	81059658-6	1013100073580320		20100508	34.45
34390	315.9	87331470-1	1013100073382120		20100508	81.00
34390	315.9	87331474-1	1014800107912020		20100526	81.00
3891	315.9	87411810-1	1014900000976420		20100526	63.00
3891	315.9	87411811-2	1014900000977720		20100526	63.00
3891	315.9	87411811-2	1014900000977720		20100526	63.00
3891	315.9	87411819-4	1014900000979620		20100526	63.00
3891	315.9	87412338-1	1014800099925320		20100526	63.00
3891	315.9	874123342-2	1014800099922520		20100526	63.00
3891	315.9	87413344-1	1014800033322320		20100526	63.00
3891	315.9	87413344-1	1014800111202020		20100526	63.00
3891	315.9	87413350-3	1014800111204720		20100526	63.00
3891	315.9	87413354-4	1014800111208120		20100526	63.00
3891	315.9 315.9	87413354-4 87413356-5	1014800111208320		20100526	63.00
3891			1014800111210720			81.00
	315.9	87396757-1			20100526	
3892	315.9	87396763-1	1014800106762620		20100526	81.00
3892	315.9	87396767-1	1014800106764120		20100526	81.00
3892	315.9	87396772-1	1014800106765820	20100414	20100526	81.00

Provider-Generated	Diagnosis Sent to	Provider Claim		Service	Medicaid	Medicaid
Diagnosis	Medicaid	Number	ICN	Date	Submission Date	Payment
3892	315.9	87396777-1	1014800106768120	20100421	20100526	81.00
3892	315.9	87396782-1	1014800106767020		20100526	81.00
0	315.9	72948179-1	1015700067670622		20100530	54.75
0	315.9	74478463-1	1015700068016122		20100530	127.75
0	315.9	74687037-1	1015700068016822		20100530	36.50
0	315.9	74915904-1	1015600126172120		20100530	90.00
0	315.9	74915905-1	1015600126120620		20100530	90.00
0	315.9	74915906-1	1015600126190820		20100530	90.00
0	315.9	74915907-1	1015600126176820		20100530	90.00
0	315.9	75027343-1	1015600126119620		20100530	90.00
0	315.9	75027344-1	1015600126189720		20100530	90.00
0	315.9	75061519-1	1015700068079122		20100530	73.00
0	315.9	75122956-1	1015/00000073122		20100530	90.00
0	315.9	75122957-1	1015600126173720		20100530	90.00
0	315.9	75235685-1	1015600126193220		20100530	90.00
0	315.9	75235686-1	1015600126124020		20100530	90.00
0	315.9	75276141-1	1015600120124020		20100530	90.00
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0	315.9	75352827-1	1015600139333820		20100530	126.00
		75352827-1				
0	315.9		1015600139335620		20100530	126.00
0	315.9	75352829-1	1015600139336920		20100530	126.00
0	315.9	75352830-1	1015600139339320		20100530	126.00
0	315.9	75352831-1	1015600139328420		20100530	126.00
0	315.9	75352832-1	1015600139331320		20100530	126.00
0	315.9	75352833-1	1015600139343720		20100530	126.00
0	315.9	75371214-1	1015600139355020		20100530	126.00
0	315.9	75371215-1	1015600139355620		20100530	126.00
0	315.9	75371216-1	1015600139356120		20100530	126.00
0	315.9	75371217-1	1015600139348720		20100530	126.00
0	315.9	75371218-1	1015600139352620		20100530	126.00
0	315.9	75371219-1	1015600139354120		20100530	126.00
0	315.9	75381865-1	1015600130692620		20100530	90.00
0	315.9	75398588-1	1015700068085322		20100530	36.50
0	315.9	75398590-1	1015700068087122		20100530	36.50
0	315.9	75400870-1	1015600126114620		20100530	90.00
0	315.9	75400871-1	1015600126182320	20080612	20100530	90.00
0	315.9	75400872-1	1015600126186120		20100530	90.00
0	315.9	75400873-1	1015600126116320		20100530	90.00
0	315.9	75404724-1	1015600140035820	20080610	20100530	90.00
0	315.9	75404725-1	1015600140039420	20080617	20100530	90.00
0	315.9	75464912-1	1015700067477922	20080715	20100530	36.50
0	315.9	75512084-1	1015700067159722	20080714	20100530	36.50
0	315.9	75516856-1	1015600126177620	20080705	20100530	90.00
0	315.9	75516857-1	1015600126159020	20080708	20100530	90.00
0	315.9	75516858-1	1015600126178120	20080714	20100530	90.00
0	315.9	75516859-1	1015600126167020	20080715	20100530	90.00
0	315.9	75521300-1	1015600140054720	20080702	20100530	90.00
0	315.9	75521301-1	1015600140046520	20080707	20100530	90.00
0	315.9	75521302-1	1015600140049620	20080709	20100530	90.00
0	315.9	75521303-1	1015600140053720	20080714	20100530	90.00
0	315.9	75581149-1	1015600130629920		20100530	90.00
				20080709	20100530	90.00

Provider-Generated	Diagnosis Sent to	Provider Claim		Service	Medicaid	Medicaid
Diagnosis	Medicaid	Number	ICN	Date	Submission Date	Payment
0	315.9	75581151-1	1015600130634720	20080710	20100530	90.00
0	315.9	75581152-1	1015600130636420		20100530	90.00
0	315.9	75581153-1	1015600130638120		20100530	90.00
0	315.9	75581154-1	1015600130639920		20100530	90.00
0	315.9	75600155-1	1015700067266722		20100530	36.50
0	315.9	75600156-1	1015700067263522		20100530	36.50
0	315.9	75609631-1	1015700067544522		20100530	73.00
0	315.9	75611644-1	1015700067622722		20100530	164.25
0	315.9	75611645-1	1015700067629322		20100530	73.00
0	315.9	75620902-1	1015700067679722		20100530	54.75
0	315.9	75620903-1	1015700067683522		20100530	36.50
0	315.9	75620904-1	1015700067671922		20100530	73.00
0	315.9	75620905-1	1015700067678022		20100530	36.50
0	315.9	75625065-1	1015/0000/076022		20100530	90.00
0	315.9	75625066-1	1015600140127420		20100530	90.00
0	315.9	75628656-1	1015600140127420		20100530	126.00
0	315.9	75628657-1	1015600139371220		20100530	126.00
0	315.9	75628660-1	1015600139371720		20100530	126.00
0	315.9	75628661-1	1015600139372220		20100530	126.00
0	315.9	75628662-1	1015600139378320		20100530	126.00
0	315.9	75628663-1	1015600139379920		20100530	126.00
0	315.9	75628664-1	1015600139380820		20100530	126.00
0	315.9	75628665-1	1015600139382220		20100530	126.00
0	315.9	75628671-1	1015600139383920		20100530	126.00
0	315.9	75628672-1	1015600139384420		20100530	126.00
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0	315.9	75628674-1	1015600139387520		20100530	126.00
0	315.9	75628675-1	1015600139374620		20100530	126.00
0	315.9	75628676-1	1015600139376620		20100530	126.00
0	315.9	75642111-1	1015600126176020		20100530	90.00
0	315.9	75642112-1	1015600126163120		20100530	90.00
0	315.9	75649194-1	1015700067475122		20100530	36.50
0	315.9	75667248-1	1015600143960820		20100530	53.00
0	315.9	75682098-1	1015600139358220	20080701	20100530	126.00
0	315.9	75682099-1	1015600139366820	20080702	20100530	126.00
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0	315.9	75682101-1	1015600139361520	20080709	20100530	126.00
0	315.9	75682102-1	1015600139363520	20080710	20100530	126.00
0	315.9	75682103-1	1015600139364720	20080715	20100530	126.00
0	315.9	75700408-1	1015600143967120	20080703	20100530	90.00
0	315.9	75700409-1	1015600143971120	20080704	20100530	90.00
0	315.9	75700410-1	1015600143973220	20080711	20100530	90.00
0	315.9	75700411-1	1015600143973720	20080717	20100530	90.00
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0	315.9	75700599-1	1015600143976420	20080702	20100530	90.00
0	315.9	75700600-1	1015600143982720	20080703	20100530	90.00
0	315.9	75700601-1	1015600143979720		20100530	90.00
0	315.9	75700602-1	1015600143980520		20100530	90.00
0	315.9	75700603-1	1015600143984420		20100530	90.00
0	315.9	75700604-1	1015600143986920		20100530	90.00
0	315.9	75700605-1	1015600143988920		20100530	90.00
0	315.9	75700606-1	1015600143991120		20100530	90.00

Provider-Generated	Diagnosis Sent to	Provider Claim		Service	Medicaid	Medicaid
Diagnosis	Medicaid	Number	ICN	Date	Submission Date	Payment
0	315.9	75700607-1	1015600143977620	20080729	20100530	90.00
0	315.9	75700608-1	1015600143978320	20080730	20100530	90.00
0	315.9	75712362-1	1015700067259122	20080715	20100530	109.50
0	315.9	75727481-1	1015700067165522	20080721	20100530	36.50
0	315.9	75728313-1	1015600126179920	20080726	20100530	90.00
0	315.9	75728314-1	1015600126152120		20100530	90.00
0	315.9	75732226-1	1015600140055220	20080716	20100530	90.00
0	315.9	75732227-1	1015600140055820		20100530	90.00
0	315.9	75732228-1	1015600140057220	20080718	20100530	90.00
0	315.9	75732229-1	1015600140074820	20080721	20100530	90.00
0	315.9	75732230-1	1015600140077420		20100530	90.00
0	315.9	75732231-1	1015600140081620		20100530	90.00
0	315.9	75732232-1	1015600140083420		20100530	90.00
0	315.9	75732233-1	1015600140084920		20100530	90.00
0	315.9	75732234-1	1015600140058920		20100530	90.00
0	315.9	75732235-1	1015600140060820		20100530	90.00
0	315.9	75732236-1	1015600140063220		20100530	90.00
0	315.9	75732237-1	1015600140067020		20100530	90.00
0	315.9	75732238-1	1015600140067920		20100530	90.00
0	315.9	75732239-1	1015600140115120		20100530	90.00
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0	315.9	75732242-1	1015600140070720		20100530	90.00
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0	315.9	75732246-1	1015600140084120		20100530	90.00
0	315.9	75732247-1	1015600140092920		20100530	90.00
0	315.9	75732248-1	1015600140093020		20100530	90.00
0	315.9	75732248-1	1015600140054120		20100530	90.00
0	315.9	75732250-1	1015600140101220		20100530	90.00
0	315.9	75732250-1	1015600140104320		20100530	90.00
0	315.9	75732251-1	1015600140103720		20100530	90.00
0	315.9	75732253-1	1015600140108220		20100530	90.00
			1015600140110820			90.00
0	315.9	75732254-1	1015600140087120		20100530	90.00
0	315.9	75732255-1 75732256-1	1015600140089820		20100530	90.00
0	315.9 315.9		1015600140097020		20100530	
0		75732257-1			20100530	90.00
0	315.9	75732258-1	1015600140113620		20100530	90.00
0	315.9	75732259-1	1015600140117820		20100530	90.00
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0	315.9	75732261-1	1015600140122520		20100530	90.00
0	315.9	75764127-1	1015600123877920		20100530	90.00
0	315.9	75778705-1	1015600138161920		20100530	90.00
0	315.9	75778706-1	1015600138163020		20100530	90.00
0	315.9	75778707-1	1015600138164920		20100530	90.00
0	315.9	75805918-1	1015600130651620		20100530	90.00
0	315.9	75805919-1	1015600130653620		20100530	90.00
0	315.9	75805920-1	1015600130655620		20100530	90.00
0	315.9	75805921-1	1015600130657120		20100530	90.00
0	315.9	75805922-1	1015600130658620		20100530	90.00
0	315.9	75807055-1	1015600130644020	20080721	20100530	90.00

Provider-Generated	Diagnosis Sent to	Provider Claim		Service	Medicaid	Medicaid
Diagnosis	Medicaid	Number	ICN	Date	Submission Date	Payment
0	315.9	75807056-1	1015600130641620	20080724	20100530	90.00
0	315.9	75807057-1	1015600130676920	20080728	20100530	90.00
0	315.9	75807058-1	1015600130686920	20080730	20100530	90.00
0	315.9	75807059-1	1015600130614620	20080731	20100530	90.00
0	315.9	75807063-1	1015600130646020	20080722	20100530	90.00
0	315.9	75807064-1	1015600130648320		20100530	90.00
0	315.9	75807065-1	1015600130685220	20080730	20100530	90.00
0	315.9	75820499-1	1015700066784422	20080604	20100530	36.50
0	315.9	75827079-1	1015700067273622		20100530	36.50
0	315.9	75829127-1	1015600139402220		20100530	126.00
0	315.9	75829128-1	1015600139404020		20100530	126.00
0	315.9	75829130-1	1015600139406320		20100530	126.00
0	315.9	75829131-1	1015600139409220		20100530	126.00
0	315.9	75829132-1	1015600139412120		20100530	126.00
0	315.9	75829133-1	1015600139413820		20100530	126.00
0	315.9	75829134-1	1015600139414220		20100530	126.00
0	315.9	75829135-1	1015600139417020		20100530	126.00
0	315.9	75836372-1	1015700067251222		20100530	36.50
0	315.9	75836571-1	1015600137609820		20100530	90.00
0	315.9	75849012-1	1015700066861522		20100530	73.00
0	315.9	75859433-1	1015/00000001322		20100530	90.00
0	315.9	75859434-1	1015600144018220		20100530	90.00
0	315.9	75859435-1	1015600144019020		20100530	90.00
0	315.9	75859436-1	1015600144013020		20100530	90.00
0	315.9	75859437-1	1015600147682720		20100530	90.00
0	315.9	75859438-1	1015600143991920		20100530	90.00
0	315.9	75859439-1	1015600143993520		20100530	90.00
0	315.9	75859440-1	1015600143993320		20100530	90.00
0	315.9	75859441-1	1015600143995320		20100530	90.00
0	315.9	75859442-1	1015600143998020		20100530	90.00
0	315.9	75859443-1	1015600143999420		20100530	90.00
0	315.9	75859444-1	1015600143999420		20100530	90.00
0	315.9	75859445-1	1015600144004820		20100530	90.00
0	315.9	75859446-1	1015600144004820		20100530	90.00
0	315.9	75859447-1	1015600144003320		20100530	90.00
0	315.9	75859448-1	1015600144008320		20100530	90.00
0	315.9	75859449-1	1015600144011120		20100530	90.00
0	315.9	75859450-1	1015600144012320		20100530	90.00
0	315.9	75865555-1	1015700067354822		20100530	109.50
			1015700067334822			36.50
0 0	315.9	75933238-1	1015700067278022		20100530	
	315.9	75933239-1	1015700067282322		20100530	127.75
0	315.9	75940683-1			20100530	36.50
0	315.9	75989466-1	1015700067011722		20100530	73.00
0	315.9	75989467-1 75989468-1	1015700067016322 1015700067019222		20100530	36.50
0	315.9	75989468-1			20100530	109.50
0	315.9	75993984-1	1015600140453420		20100530	90.00
0	315.9	76008492-1	1015600140454220		20100530	90.00
0	315.9	76008493-1	1015600140455420		20100530	90.00
0	315.9	76036543-1	1015600132585820		20100530	90.00
0	315.9	76036544-1	1015600132587220		20100530	90.00
0	315.9	76036545-1	1015600132583520		20100530	90.00
0	315.9	76036546-1	1015600132584220	20080814	20100530	90.00

Case 1:12-cv-01750-DAB Document 83 Filed 09/06/16 Page 129 of 129 May 2010 Sample ICD-9 Switching Claims

Provider-Generated	Diagnosis Sent to	Provider Claim		Service	Medicaid	Medicaid
Diagnosis	Medicaid	Number	ICN	Date	Submission Date	Payment
0	315.9	76040745-1	1015600130664220	20080713	20100530	90.00
0	315.9	76040746-1	1015600130668520	20080715	20100530	90.00
0	315.9	76041231-1	1015600130660220	20080720	20100530	90.00
0	315.9	76041232-1	1015600130662020	20080722	20100530	90.00
0	315.9	76041233-1	1015600130610320	20080727	20100530	90.00
0	315.9	76041234-1	1015600130679220	20080729	20100530	90.00
0	315.9	76072903-1	1015600130672920	20080725	20100530	90.00
0	315.9	76081701-1	1015600130670120	20080722	20100530	90.00
0	315.9	76081702-1	1015600130695020	20080724	20100530	90.00
0	315.9	76081703-1	1015600130675220	20080729	20100530	90.00
0	315.9	76101502-1	1015700067631422	20080815	20100530	36.50
0	315.9	76119545-1	1015600139389920	20080701	20100530	126.00
0	315.9	76119546-1	1015600139392320	20080703	20100530	126.00
0	315.9	76119547-1	1015600139394320	20080708	20100530	126.00
0	315.9	76119549-1	1015600139389220	20080710	20100530	126.00
0	315.9	76119550-1	1015600139394620	20080715	20100530	126.00
0	315.9	76119551-1	1015600139394820	20080717	20100530	126.00
0	315.9	76119552-1	1015600139397320	20080722	20100530	126.00
0	315.9	76119553-1	1015600139398720	20080724	20100530	126.00
0	315.9	76119554-1	1015600139399320	20080728	20100530	126.00
0	315.9	76119555-1	1015600139400220	20080730	20100530	126.00
0	315.9	77272728-1	1015600162130120	20080602	20100530	90.00
0	315.9	77279631-1	1015600162193420	20080724	20100530	90.00
0	315.9	77283120-1	1015600162121720	20080620	20100530	90.00
0	315.9	77286701-1	1015600162182720	20080715	20100530	90.00
0	315.9	77289423-1	1015600162199020	20080725	20100530	90.00
0	315.9	77290391-1	1015600162136920	20080606	20100530	90.00
0	315.9	77297655-1	1015600162157620	20080603	20100530	90.00